Quality Improvement & Innovation Partnership

Advancing Improvement in Primary Healthcare in Ontario

TEAM BUILDING PART A
RESOURCE GUIDE

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Team Building in Family Health Teams

Developing well-functioning interdisciplinary teams to enhance patient care is an integral part of a Family Health Team (FHT). Teams bring together individuals from different disciplines, each possessing different experiences and skills, to provide complimentary services, to work collaboratively to address problems faced by patients, and to offer each other support and advice, thereby ensuring the FHT and its programs reflect the breadth of experiences and viewpoints its staff can bring.

This emphasis on a collaborative practice approach to providing comprehensive and coordinated health services is supported by government (Kirby, 2002; Romanow, 2002; Health Council of Canada, 2005), health professional associations, health delivery organizations, health professional organizations, and health education organizations (including colleges, universities, and those offering continuing education services).

Why Interprofessional Care?

In an environment of changing needs in health care, health and education governments, health organizations, and educational institutions cutting across all health sectors, have begun to unite with a renewed shared vision: "improved patient-centered care, patient outcomes, and access to health services by patients when and where they need it." A number of national, provincial/territorial and local initiatives have and continue to contribute to a massive cultural shift in how health services are delivered here in Canada – a trend that is also evident in the international community.

For example, as one of the Health Human Resources Strategy, Health Canada invested $20M over five years, to support 20 Interprofessional Education for Collaborative Patient-Centered Practice (IECPCP) learning projects. The goal has been to change the way health providers are educated in order to achieve system change and to ensure that health providers have the necessary knowledge and training to work effectively in interprofessional teams within the evolving health care system. IECPCP was identified both in the 2003 First Ministers' Accord on Health Care Renewal and in the 2003 Federal Budget as a means to address current and emerging health human resource issues. It is also seen as a mechanism to ensure that health care practitioners have the knowledge, skills and attitudes to practice together in an effective, collaborative manner.

From a provincial perspective, Ontario has created a "Blueprint for Action" regarding Interprofessional Care. This document was commissioned after an invitational summit in 2006 and produced by an Interprofessional Care Steering Committee. A comprehensive consultation approach resulted in recommendations in four key areas: building a foundation; sharing responsibility; implementing systemic enablers; and leading sustainable cultural change. These recommendations provide guidance to government, educators, health care workers, organizational leaders, regulatory bodies and patients about how to transform services to an interprofessional care approach. The document represents a provincial strategy for addressing system wide change in health service delivery.

What Are the Benefits of Interprofessional Care?

A team can be seen as "a collection of individuals who are interdependent in their tasks, who share responsibility for outcomes, who see themselves and who are seen by others as an intact social entity embedded in one or more larger social systems and who manage their relationships across organizational borders" (Katzenbach & Smith 1994).

Within the health care system, well-functioning teams can bring many benefits:

For patients:

- Improves care by increasing the coordination of services;
- Integrates health care for a wide range of health needs;
- Empowers patients as active partners in care;
- Can be oriented to serving patients of diverse cultural backgrounds; and
- More efficient and effective use of time.

For providers:

- Increases professional satisfaction due to clearer, more consistent goals of care;
- Facilitates shift in emphasis from acute, episodic care to long-term preventive care and chronic illness management;
- Enables the provider to learn new skills and approaches to care through the collaborative experience;
- Provides an environment for innovation; and
- Allows providers to focus on individual areas of expertise, thereby increasing the effectiveness of care leading to better outcomes.

For the health delivery system:

- Potential for more efficient delivery of care;
- Maximizes resources and facilities; and
- Decreases burden on acute care facilities as a result of increased preventive and educational interventions and more effective management.

Team building is not a theoretical exercise or an end in itself. A well-functioning team supports the delivery of more comprehensive and effective services, and it is by working together to build new programs and address clinical challenges that a team matures and fulfils its potential for improving care. To be able to implement programs and other activities for the populations they are serving, teams need to have attained a degree of cohesiveness.

Developing an interdisciplinary team is not always an easy task. Teams have a natural evolution, with specific tasks to be accomplished and challenges negotiated at each stage of their development. Team formation and team building is time-consuming and requires staff members to free up time from other activities. The arrival or departure of key team members can change the balance or require the team to revisit some of its processes. A failure to recognize or attend to these can result in individuals working in relative isolation without a common purpose or direction, or to dysfunctional teams that are unable to solve problems or deal with the challenges they face, and in which individuals become increasingly frustrated and less cooperative.

Types of Health Care Teams

There are four potential models of health care delivery, which demand different degrees of interprofessional collaboration and coordination (Grant et al 1995). These are:

1. **Independent health care management**: one provider works independently to address all of the patient's issues. The provider works autonomously with limited input from other professionals.

2. **Multidisciplinary care**: different aspects of a patient's case (such as therapeutics, rehabilitation, education, social issues, substance abuse) are handled independently by the appropriate experts. Rather than integrated care, the patient's problems are subdivided and treated in parallel, with each provider responsible only for his or her own area.

3. **Consultative model**: One provider retains central responsibility and maintains professional independence in patient care while consulting with other professionals as needed**.**

4. **Interprofessional (interdisciplinary) collaborative**: providers from different professions cooperate by establishing a means of ongoing communication with each other and with the patient and family to create a

management plan that integrates and addresses the various aspects of the patient's health care needs.

This guide focuses primarily on Interprofessional (interdisciplinary) Collaborative Teams.

Purpose of the Guide

The intent of this guide is to assist you and your team to better understand some of its processes and find ways to strengthen team-based care in your FHT.

There are two parts to the guide, and they complement each other. Part A is an overview of teambuilding in FHTs (the current guide). Part B provides interprofessional activities to help facilitators work with FHTs to enhance team functioning. The sections and modules are linked between Part A and B, so that each module contains both background information and theory (Part A), and practical tools and resources (Part B). However, the modules themselves are not sequential, and you may start with any module.

Part A: An Overview
Part A is divided into 2 sections, each of which includes a series of modules that cover important aspects that will help you develop your team's functioning and overall performance.

Section 1: Getting going – Building a Team
- Module1: What Is an Effective Team?
- Module 2: Building a Team
- Module 3: Clarifying Roles and Expectations
- Module 4: Making the Most of Meetings
- Module 5: Evaluating Team Performance

Section 2: Improving Team Performance
- Module 6: Understanding Change
- Module 7: Enhancing Collaboration
- Module 8: Improving Communication
- Module 9: Leadership and Decision-Making
- Module 10: Conflict Management

The information contained in Part A (overview) provides important contextual details, definitions, explanations and examples. This document will help prepare both facilitators (individuals who are leading the activity – this person can be any

member of the team) and team members (participants in the activity) to be better prepared to engage in the teambuilding activities presented in Part B.

Part B: Interprofessional Activities

A separate guide has been created and serves as a companion to the current document. Part B (interprofessional activities) contains facilitator notes and participant handouts for each of the activities within the guide. They are presented in a user-friendly format, so that facilitators (any individual who is leading the activity) can easily photocopy the materials they need for an activity.

Choose a module that addresses a specific problem you have identified with your FHT, and use the tools that are most applicable to your current situation. There are resources included in the Part B that will help you decide where to start.

*Note: In Part B, there are no interprofessional activities listed for Modules 1 (What Is an Effective Team?), 2 (Building a Team), and 6 (Understanding Change). Part B begins with activities for Module 3 (Clarifying Roles and Expectations).

The tools in Part B include:

a. Brief summaries of different dimensions of team development and functioning;
b. Surveys and questionnaires for assessing (auditing) the performance of your team;
c. Exercises that teams can work on together to help them explore or understand different aspects of their functioning;
d. Handouts and worksheets that team members can use;
e. Tips on how to organize specific team activities;
f. Checklists on items/actions to consider in a FHT's planning.

Is it recommended that both the facilitator and the participants take the time to review Part A as an introduction and overview (or the specific module that matches the activity) prior to completing any activities. This will help to ensure that the facilitator and all participants have the necessary information required to engage in full discussions, maximizing participation of the team members.

Part B contains an introduction section, explaining how to use the materials. For example, some of the activities can be completed within an existing team meeting, or by team members during their own time. Others require dedicated time by the team. If teams are to function effectively, the FHT, as well as each team member, will need to make a commitment to set some time aside to enable these activities to happen.

Each FHT should decide who will be responsible for overseeing team development and addressing problems that arise. This usually falls to the existing FHT leadership or a newly established quality improvement team/leadership team. A FHT may also involve an external consultant to help them with these tasks and develop a plan.

Section 1: Getting Going – Building a Team

Modules:

- Module1: What Is an Effective Team?
- Module 2: Building a Team
- Module 3 Clarifying Roles and Expectations
- Module 4 Making the Most of Meetings
- Module 5 Evaluating Team Performance

Module 1: What Is an Effective Team?

A team is a small number of people with complementary skills who are committed to a common purpose, performance goals and approach for which they hold themselves mutually accountable (Katzenbach and Smith 2005). Well-functioning health care teams are based upon the assumption that no single provider is able to meet all of the health care needs of any single individual over time that different disciplines bring different skills and experiences that can enrich the care an individual receives.

Many Family Health Teams (FHTs) will include a large number of staff, some working part-time or in different locations. It can be helpful to think of a Family Health Team as containing a number of potential teams.

These could include:

- All Family Health Team or practice staff
- One or more physicians and the nurse(s)/nurse specialist(s) working with them, to provide "core care" to any patient of the practice/FHT
- All staff involved in delivering a specific service or program, or working with a particular sub-population on a regular or as-needed basis (i.e., the mental health team or the maternal child health team).

This guide could apply to any or all of these types of teams.

Teams and teamwork have become buzzwords in today's organizations. We often bring together a group of health providers from different professions and assume that they are a team or will start to function as a team. But, a well-functioning team takes time to develop. This module presents the characteristics of an effective team, describes the developmental phases that a team progresses through, and highlights the key areas that a team must pay attention to if it is to thrive.

Characteristics of Effective Interprofessional Health Care Teams

Effective interprofessional health care teams may be characterized by the following (Grant et al 1995):

- Clear goals and a shared sense of purpose and commitment to achieving them;
- Members provide care to a common group of patients;

- Focus of members is on needs of the patient rather than on individual contributions of members;
- Members develop common goals for patient outcomes and work toward those goals;
- Effective communication with patients is a value shared by all team members;
- Members work together in delivering patient care;
- Each individual is able to contribute their own ideas toward solving a common problem;
- Mutual trust, respect and support among members;
- Appropriate roles and functions are assigned to each member, and each member understands the roles of the other members;
- Team possesses a mechanism for sharing information;
- Team has organizational structures, including regular meetings;
- Team possesses a mechanism to oversee the carrying out of plans, to assess outcomes, and to make adjustments based on the results of those outcomes;
- Team recognizes it must work both within and between organizations; and
- Leadership is shared according to the needs of a task.

Interprofessional teamwork can be affected by many factors of which a team needs to be aware:

- Individual factors (i.e., the skills of the people involved, the behaviours they model, the extent to which they believe in interdisciplinary teams, etc.);
- Team (i.e. the stage of the team's development, the goals they set, etc.);
- Organizational (i.e. the extent that the organization supports teams and their development);
- Systemic (i.e. the extent that the external environment represented by the health care system supports the changes the team is proposing).

The first step in looking at team functioning, however, is to understand the stages of development of a team.

Stages of Team Development

Teams develop through a series of stages. One well-known model of team development was presented by Tuckman (Tuckman, 1965). This model outlines four stages of team development, with different challenges and tasks in each phase. A FHT's leadership will need to understand the stage of development that the team has reached when analyzing problems or designing interventions. Each of the modules in this tool kit suggests some ideas about the appropriateness of the activities related to the stages of development model. These stages are forming, storming, norming and performing.

1. Forming

This is the very first stage of team development. Here team members meet for the first time, they determine their purpose, and they orient themselves to each other and the task as well as begin to establish trust between team members.

Key tasks at this stage are to:

1. Establish the goals of the team;
2. Learn about the skills and training of other team members;
3. Develop relationships based on mutual respect and shared goals.

This initial phase of development is usually experienced by a new group, by an ongoing group confronted by a new task or a new structure or following a change in group membership. There is a high degree of dependence on the leader for guidance and direction. The emotional climate is one of uncertainty. Members have concerns about being accepted and feeling safe and wonder what the rules are. There may be little agreement between members on team aims other than those that are laid out by the leader. Individual roles and responsibilities are unclear.

The leader must be prepared to answer lots of questions about the team's purpose, objectives and external relationships. They need to provide structured activities for people to meet, to learn about each other's roles, to use communication and interaction in order to build a sense of trust. The leader needs to take an active role in helping the group members feel accepted.

2. Storming

A key issue for teams is to effectively manage conflict while avoiding group think (i.e., where everyone blindly follows along and no one asks any questions). It is critical that teams balance both of these elements. Too much conflict can delay performance but too little conflict (i.e. group think) can stunt creativity. Consequently, in this stage teams must determine how they will manage conflict and encourage differing views and challenges to the status quo.

Key tasks at this stage are to:

1. Develop effective means of role negotiation and conflict resolution for the team to progress to the next stage;
2. Develop methods of identifying problems with the team;
3. Re-evaluate initial goals, tasks and roles; and
4. Develop processes to overcome group think.

Power and control within the team become key issues. Members use testing behaviours to elicit boundaries, communication styles and personal reactions from

the other team members and from the leader. They may challenge team practices such as meeting agendas.

Team members vie for position as they attempt to establish themselves in relation to other team members and to the leader, who is increasingly being challenged by team members. Cliques and factions form and there may be power struggles. The emotional climate of the group is one of conflict. People experience frustration. Some withdraw to avoid conflict while others resist the team tasks. A focus on the team goals can help the team avoid becoming distracted by relationships and emotional issues. A primary role for the leader is to ensure that controversy and diversity of opinion are valued and accepted.

3. Norming

Here, the team starts to determine roles and responsibilities, sets and agrees on goals, develops operating guidelines for team functioning in their meetings and daily tasks, and determines the level of individual commitment needed to achieve the goals of the team.

Key tasks at this stage are to:

1. Establish the tasks and roles of team members;
2. Establish the mechanisms of communication;
3. Determine leadership and decision-making process.

As people feel comfortable with each other, they become willing to take more risks. Ideas and opinions are readily offered and members try and influence the direction of the team.

As conflicts resolve, new-found cooperation will emerge. Agreement and consensus are largely formed among the team members, who respond well to facilitation by the leader. Roles and responsibilities are clear and accepted. Big decisions are made by group agreement. Smaller decisions may be delegated to individuals or small teams within the group. Commitment and unity are strong. This stage is one of developing unity with the members seeing themselves as a 'real' team.

The team may want to spend more time in social activities and the emotional climate is one of cohesion. There is general respect for the leader and some leadership is more shared by the team. The leader can assist the team by actively participating with the team as it develops its norms, standards and guidelines for working and fully utilizing everyone's skills, knowledge and experience.

4. Performing

Once teams have reached this level, they are well-functioning machines. The team is cohesive, more strategically aware and knows clearly why it is doing what it is doing. It shares a vision and has a high degree of autonomy.

The key tasks at this stage are to maintain effective mechanisms for:

1. Continued communication;
2. Conflict resolution;
3. Collaborative care;
4. Continued goal and role performance;
5. Evaluation of outcomes of team functioning; and
6. Making the appropriate adjustments to the team.

Disagreements occur but now they are resolved within the team positively, and necessary changes to processes and structure are made by the team. The team is able to work both towards achieving the goal, and attending to relationship, style and process issues along the way. Team members feel validated, respected and cared about as persons and the emotional climate is one of interdependence. The task for the leader is to support the cooperation, help the team manage change, advocate for the team with others and celebrate the achievements.

There is some disagreement regarding the order of norming and storming. Some people argue that teams play nice first (i.e., norming) and then the issues of conflict emerge (i.e., storming); others argue that teams storm first and then determine norms. Either way, there is agreement that all four stages need to be negotiated for teams to be effective.

Teams will also cycle through these stages. Every time a new team member is added, the team will start back at stage 1. Teams develop in terms of both task processes and people processes (i.e., relationships) as they move from stage to stage.

No activities or exercises are provided for Module 1 in **Part B.**

Module 2: Building a Team

Five Steps to Building a Team

Building a team may be a specific strategic direction of a FHT, or part of its mission, but the team has to decide how to translate this into a plan and evaluate its progress.

The following five steps provide a framework that will enable a FHT or team to put in place the structures and processes required to enable the team to function optimally.

A FHT needs:

1. A clear vision and goals for the team;
2. Clear roles and responsibilities;
3. Operating guidelines and policies;
4. Organizational structures, including team meetings;
5. A method to evaluate and celebrate progress and outcomes.

Step 1. A clear vision and goals for the team

The vision, mission and values that will guide activities will be those of the FHT, but if there are other team(s) within a larger FHT, each will need to clarify their purpose and direction and how they are going to function. These should be revisited periodically both to track success as well as to ensure that they are still relevant.

A shared vision and mission will provide a framework within which a team will be able to plan their future activities and plans. Vision activities are most useful when the team is forming, when reforming after some turnover, or when the team is feeling stagnant and needs to re-engage head and heart in their work together

Shared values create the foundation for authentic and effective working relationships within organizations and teams. The process of finding common ground builds a common language and contributes to articulating a shared philosophy for teams to discuss different points of view and manage potential conflicts.

A discussion about values can highlight what different team members bring to the workplace. Bringing differences in values to the surface is an important step in

understanding each other, the assumptions that we make and where we are similar, as well as where we are different.

Step 2. Clear roles and responsibilities

Identifying the key tasks a team must undertake, clarifying roles and responsibilities, and resolving any confusion are essential to the creation of a well-functioning team. Roles may vary for each goal the FHT addresses and can be allocated by the leadership, or negotiated between members informally or during a meeting. Roles need to be clear and unambiguous, understood by all team members and compatible with other team members roles. Care needs to be taken that no individual is overloaded. Role or job descriptions need to be written down, especially if there may be future ambiguity about who is to do what.

Members may have complementary skills and mutual accountability for service delivery. There needs to be flexibility in role allocation, with an opportunity to (re)negotiate roles, as different team members may be able to take on similar tasks based on similar competencies and scope of practice. Sometimes it may be beneficial to develop effective ways to share responsibilities and tasks rather than only assigning them to a single person

Role allocation can be shaped by provider availability, level of training, or member preferences. Team members need to know to whom they are accountable and for what, and their competencies need to be appropriate for the tasks assigned or taken on. As with the setting of goals, it is important to review these periodically to make sure they are working and the division of tasks is still appropriate, revising member roles as necessary.

If this is not handled effectively, team members will be confused about what is expected of them and what they can expect from others. This is likely to lead to increased conflicts between team members and crises when members assume that someone else was responsible for handling the situation. Team decisions may not be carried out effectively.

Step 3. Operating guidelines and policies

Clear operating guidelines and processes are required to help them address day-to-day aspects of team functioning. These include not only a definition of what is meant by “working collaboratively,” but clarification about roles as well - leadership roles included.

These guidelines should address the following questions:

- How frequently will meetings be held?
- How will meetings be conducted?
- How will key information be shared and members kept informed of progress?
- How will "virtual" or part-time team-members be kept involved?
- How will conflict be resolved?
- How will we foster an environment where people can present differing views?
- How will we address teammates that are not 'doing the right stuff' or are hurting the team's performance?
- How will we evaluate an individual's performance?
- How will we evaluate the team's performance?
- How will we manage change?

Some of these may remain as guidelines, but for others, formal policies may need to be developed.

There also needs to be clarity about the expectations of individual team members. While each member will bring different attributes and skills to the team, expectations as to how individuals will behave need to be spelled out. These can be determined through a team brainstorming session, defined by the leadership, or both, but should be articulated clearly and, if possible, written down.

Examples of such expectations could include:

- Engage in active listening;
- Communicate effectively with other team members (including patients and families) and clearly document involvement in patient care;
- Determine goals of treatment together with other members of team;
- Assume leadership responsibilities of the team as appropriate;
- Take on responsibility for an area within the scope of the team;
- Demonstrate sufficient assertiveness to hold others to their responsibilities;
- Refer patients to other team members as appropriate;
- Demonstrate a supportive, respectful attitude toward other members' skills in dealing with patients' problems;
- Be willing to engage in conflict resolution between team members.

These issues are addressed in subsequent modules in this guide.

Step 4. Organizational structures, including team meetings

While it may be relatively easy for team members to meet in smaller FHTs, it can present challenges for a larger FHT, or when the participants are not located in the same setting. Meetings need to be kept to a minimum and run efficiently, usually at

lunchtimes or before or after clinical hours. There may also be some team members who need to be at every meeting, but others who may only need to attend periodically.

Thought also needs to be given to other activities that bring team members together and which can strengthen personal and professional relationships.

Such activities can include:

- Social events
- Lunchtimes
- Taking on a joint project
- Orientation of new staff members
- Planning retreats or workshops
- Opportunities to celebrate successes or accomplishments of the team or its members.

Step 5. A method to evaluate and celebrate progress and outcomes.

A team needs to establish a process to evaluate its performance and review its progress towards attaining the goals it has set in both its formative stages and once it is well-established. Doing this requires not only clear goals, targets to be attained, outcomes to be measures and timelines, but also an identified individual or small team with responsibility for evaluation. .

Tips for Team Building

A team's functioning can be improved if attention is paid to the following as it evolves:

- Ensure all new team members are well-oriented to the practice(s) in which they are working, other team members and their roles, the FHT, and contextual factors that might influence a team's performance.

- Recruit staff who – in addition to their discipline-specific skills – appear to be comfortable working collaboratively or in teams. Qualities to look for include:
  - The ability to look at all areas that might affect an individual's health;
  - Appreciation of the roles, skills, priorities, values and cultures of different clinicians providing care in the primary health care setting;
  - Knowledge of the demands and expectations of primary care;
  - Respectfulness;

- Flexibility;
- Sensitivity to cultural and other individual differences;
- Good communication skills;
- Sensitivity to challenges faced by individuals with chronic illnesses.

- Ensure there is a shared vision. Identify and resolve disagreements early

- Develop clear role descriptions, especially if there could be overlap between the roles of different providers. The same applies when starting a new project or integrating a new team member. Review these regularly, to ensure everyone is satisfied with their role.

- Ensure team members meet together regularly, with a clear agenda for the meetings.

- Make sure each team member has a chance to raise issues or concerns either directly with the FHT leadership or, if appropriate, at a team meeting.

- Ensure all team members are involved from the outset in planning for activities in which they will be involved.

- Provide opportunities for team members to get to know each other and the various personal and professional contributions each team members can make.

- Create opportunities for team members to get to know each other socially, when the focus is not solely on work-related tasks.

- Acknowledge publicly the contributions and accomplishments of all team members.

- Produce a regular (brief) newsletter for all FHT staff to keep them informed.

- Identify and address potential conflicts between staff members as early as possible. These often arise from misunderstandings about roles or scope of practice.

No activities or exercises are provided for Module 2 in **Part B.**

Module 3: Clarifying Roles and Expectations

As each health profession has a different culture, including values, beliefs, attitudes, customs and behaviours, a starting point to effective collaboration could be to identify ways to ensure that each team member understands the role, scope of practice and experiences of other disciplines in the team, and has a chance to let the team know what skills and experience they bring themselves. This is crucial, as teamwork in a primary health care setting--by definition--involves considerable overlap in competencies as well as different options for determining who does what. Knowing what these options are makes it much easier to resolve role or boundary issues.

Failure to establish clarity of roles and to take advantage of the complementary skills of all team members can lead to frustration, conflict and inefficiency. Indeed, a failure to resolve these issues can frequently leave a team mired in the storming phase, unable to move on to developing common approaches and plans and performing optimally.

There are some latent "turf" issues that can affect interprofessional teamwork if they are not recognized and, accommodated or resolved. These struggles, which aim to protect the scope and authority of a profession, involve issues of autonomy, accountability, and identity.

- The principle of **autonomy** reflects the desire for each profession to define itself, to set its own criteria for practice and professionalism, and to maintain sole influence over its area of expertise. Loss of autonomy may lead to undesired changes in modes of practice and to loss of potential earnings.

- **Accountability** refers to the evaluation and assessment of standards of care. Professionals both define how they want to practice and how they are accountable to others in their profession for practicing according to these standards. Collaboration introduces performance evaluation by team members from other professions, which for some individuals represents an invasion into their own professional domain.

- Finally, **identity as an individual practitioner** is due in large part to the identity of the profession as a whole. If interprofessional collaboration blurs the boundaries that define the roles of the various professions, it may impact upon the professional identity of individual providers.

It is by identifying and acknowledging these issues that a sense of trust can be built, which in turn will foster a willingness on the part of everyone involved to look

at how these issues can be resolved, one by one, sometimes with different solutions for each discipline.

Three Steps to Clarifying Roles & Scopes of Practice

There are three steps in clarifying roles related to scope of practice. These are
1. Clarify collectively the scope of practice of each member, and identify and resolve misperceptions about roles of other providers;
2. Learn about the skills and potential of existing team members; and
3. Divide up the tasks of the team among team members.

It is anticipated that support/managerial staff will participate in all the following activities so that they are aware of what everyone else in the team can do, as well as the clinical staff knowing what they can expect from the support staff.

Step 1: Clarify collectively the scope of practice of each team member, and identify and resolve misperceptions about the roles of other providers

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.

Step 2: Learn about the skills and potential of existing team members.

Having completed Step 1 with an improved understanding of one another's professional roles and scopes of practice, now focus on acquiring an understanding of the knowledge, skills and potential of your specific team members as members of their profession and as individuals (based on their experience and expertise). Develop a "provider inventory" by listing specific activities or tasks associated with caring for your practice population and identifying which provider has the knowledge, skill and interest to deliver these activities. The inventory becomes the basis for making decisions about "who does what" involved in Step 3.

Step 3: Divide up the tasks of the team among team members

When looking at this "fit" between skills and tasks, consider all the tasks the team faces. These include not only specific clinical roles such as starting insulin, monitoring blood pressure, or providing health teaching, but also team and system roles. Team roles are those required to assist with smooth team functioning such as organizing or running working groups, or leading particular team processes. System roles are those related to tasks in the FHT that cut across all disciplines – such as looking after the Chronic Disease Management registries, linking with community agencies and program development.

Please refer to Module 3 of **Part B** for a series of exercises and activities addressing the themes just discussed. Activities include:

3.1: Learning About the Skills and Potential of All Team Members
3.2: Appreciating the Scope of Practice of All Team Members
3.3: Learning About the Scope of Practice of All Team Members
3.4: The Case Discussion
3.5: Understanding Roles: The "Talking Wall"

Module 4: Making the Most of Meetings

For some FHTs, organizing meetings is a new activity. Meetings are sometimes avoided, seeing as they are seen as being a waste of time or distracting from the real purpose of the FHT (providing clinical care). There is no doubt that poorly planned or run meetings can be frustrating and feed into negative stereotypes about the role that meetings play.

Meetings are essential to smooth team functioning, often providing the glue that holds the team together. Meetings can serve many purposes, in addition to bringing together individuals who may have little other contact during the working week.

Reasons why you might have meetings include:

- Exchanging information;
- Solving problems;
- Planning patient care;
- Planning for the FHT;
- Providing support;
- Education for team members;
- Creating team norms;
- Developing or ratifying policies.

Ideally meetings should be as brief as necessary, well-prepared, run efficiently, and held only as often as is required. The frequency of meetings can be increased or decreased at any time according to the task.

Meetings need to be reframed as central to establishing high performing teams in FHTs and supported by the FHT leadership. In many FHTs meetings are the only way that teams learn about each other's day-to-day work and understand each other's perspective and roles. For many staff, meetings are also part of their professional development and skill building where they can share new ideas, strategies and information. Finding time for meetings is a challenge and as FHTs grow, meeting the needs and schedules of everyone to be connected can also be difficult:

Structuring Team Meetings

A key principle for effective team meetings is "structure." This refers to how the meeting is organized and conducted. Structure should encourage more efficient and effective meetings.

The key elements of a structured meeting include (Hyer et al. 2003):

- Agenda (what do we expect to accomplish?);
- Estimated timeline for completing agenda (reasonable time frames);
- Establishment of roles at meeting; members can and should rotate the following roles but every meeting should include:
  - Leader (calls meeting to order, has agenda, sets expectations);
  - Timekeeper (keeps group on task)
  - Recorder (keeps track of agreements about the care plan and modifications, and is responsible for recording changes to care plan);
- Summary of agreements (recorder reports agreements);
- Evaluation/reflection on team process (both team process and outcome of the meeting are discussed).

The Seven-Step Meeting Process (Handbook for Improvement, 1997)

These seven steps may help you standardize the method you use to conduct a meeting, and assist you in the effective execution of critical meeting tasks. Using this process may also help your team review and assess their efficiency and productivity.

Step 1 Clarify Objectives

Ensure that all understand and are in agreement with the meeting objectives.

Step 2 Review Roles

Review who will be timekeeper, recorder, leader, and facilitator. Decide at what intervals feedback on time will be given.

Step 3 Review Agenda

Review details of agenda items listed under step 4. Ensure that all team members understand and are in agreement with the agenda items.

Step 4 Work Through Agenda Items

Step 5 **Review Meeting Record**

Review the notes taken during the meeting. Look for action items and ensure someone is identified as being responsible for this action.

Step 6 **Plan Next Steps and Next Meeting Agenda**

Decide who will do what before the next meeting. Decide what the objectives and agenda items will be for the next meeting.

Step 7 **Evaluate Meeting**

What did the team do well that it should continue doing? What could the team do differently to improve the meeting, group, and continual improvement processes?

Roles During Team Meetings

Managing the team meeting process is important. The team leader, coordinator or facilitator is responsible for moving the team efficiently through the process of the team meeting. Some teams rotate this leadership responsibility to foster shared leadership. Other roles include the 'timekeeper' and 'recorder.' These roles can sometimes be filled by the same individuals. See the table below for a description.

Role	Responsibilities
Team leader, coordinator/ facilitator	• Schedules, arranges, and conducts the meeting • Prepares and distributes agenda before the meeting and ensures that agenda is followed during the meeting • Clarifies purpose and helps the team identify goals • Encourages everyone to participate throughout the discussion • Summarizes and organizes the ideas discussed to gain commitment • Identifies common topics or subjects in discussion to maintain direction of discussion • Asks questions to clarify comments and restates if members are confused • Encourages team to finish each agenda item before moving on to the next • Encourages the integration of new members.

Timekeeper	• Informing the group of the beginning time and ending time, allowing enough time for the members to begin and come to an end to the discussion; • Indicating when the group is using more time than available on one issue and remind them of the number of tasks and time remaining; and • Helping the team use its time on issues on which the whole team is needed.
Recorder	• Documenting the efforts of the group, including summaries of decisions, action items (or assigned tasks), and deadlines; • Maintaining the group's focus and direction; • Actively clarifying the group's progress by using strategies such as summarizing and seeking; • Producing written summaries.

Techniques for Facilitating a Meeting

Consider using the following techniques in leading/guiding the discussion when you facilitate your next meeting:

Facilitator Roles	Dialogue Examples
1. Get the meeting started.	"Today we need to review__ patients. Are There any urgent concerns?"
2. Encourage communication and involvement of all members.	"What are the rehabilitation needs you see?"
3. Ask team members for opinions and feelings to encourage discussion.	"What is your view of the family's request?"
4. Ask for a summary of the discussion.	"What are the care plan goals we have agreed upon? Can someone summarize?"
5. Paraphrase what someone has said to help members understand each other.	"Are you saying that we need more information on liver function?"

6. Ask for specific examples to improve understanding.	"Please give some examples."
7. Clarify assumptions.	"Your recommendation assumes that the patient is too confused to make an independent decision."
8. Ask for explanation in order to eliminate confusion and repetition.	"We keep avoiding a plan for this. Can someone suggest how we should proceed?"
9. Probe an idea in greater depth.	"What are other ways to help Mrs. S stay at home."
10. Suggest a break or rest.	"Let's take a brief break."
11. Move the team toward an action.	"What should we do first?"

Please refer to Module 4 of **Part B** for a series of exercises and activities addressing the themes just discussed. Activities include:

4.1: Reviewing Current Meetings
4.2: Evaluating Team Meetings
4.3: Meeting Effectiveness

Module 5: Evaluating Team Performance

Teams need to be able to look at their own performance to assess how they are functioning, at different stages of their development. This is part of healthy team development/functioning.

A team also has to be able to recognize when it is not functioning well, or having difficulty with specific tasks or area. In this instance it will need to be able to diagnose what is not working and come up with a plan to address that.

This involves defining which outcomes to measure, how to measure them, and from these measurements distinguishing which elements of the team to improve upon. Evaluation measures for a team can focus on either clinical outcomes look at or team process outcomes or both.

Team effectiveness or success can be assessed both by measuring the team's performance at its specific tasks, such as patient health and functional status, satisfaction of team members/administrators/patients, office efficiencies, and also by evaluating team process.

A team effectiveness survey can assist with that. It addresses different aspects of team functioning and helps a team and its leaders to assess how well the team is performing, the teams strengths and areas where improvement maybe required. They can also give an idea of the degree of cohesiveness within a team, the extent to which team members see specific issues or overall team/FHT performance in a similar way and where differences may lie. They are not an instant recipe for successful team functioning but they can help to identify where there maybe problems and allow a team to work out strategies to address these.

How Do You Maintain a Well-Functioning Team?

Regardless of how well a team is functioning, performance and functioning can be difficult to maintain as new environmental challenges arise, central staff members leave, new staff arrives, projects expand or unresolved issues begin to affect staff morale.

To maintain the highest level of performance and interprofessional collaboration, FHTs may need to ensure:

- Maintenance of a shared focus;
- Regular re-appraisal of FHT/project goals;
- Regular ongoing communication;

- Resolution of difficulties or conflicts as they arrive;
- Regular meetings where all feel involved;
- Recognition of the contributions of all team members;
- Recognition of the impact of the arrival and departure of team members;
- Appropriate orientation of new team members; and
- Opportunities for team members to meet for a social event.

Common Barriers to Interprofessional Health Care Teamwork

There are a number of potential barriers to effective interprofessional teamwork (Grant et al 1995).

Types of Barriers	Examples
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

Types of Barriers	Examples
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

When a Team Is Not Working Well

There are many warning signs that a team may not be working well. Such signs need to be identified and addressed as soon as they arise.

Warning signs that your team is struggling include:

- Members do not have a clear purpose, goals or expectations;
- Team is not able to make decisions;
- Arguments occur at team meetings, and are not resolved;
- Team performance drops off for no obvious reasons – targets are not being met or waiting time for programs increases;
- Team members stop showing up for meetings;
- Leadership is reluctant to allow others to take leadership on projects on behalf of the team;
- Team members are more reluctant to support/assist each other;
- Increasing dissatisfaction with decisions made by leaders or administrators;
- Development of small groups with their own agendas that begin to function autonomously within the FHT;
- Team members are unclear about their roles.

In these situations there needs to be agreement that there are problems and a "diagnosis" made of where the problems lie.

Things that you can do to identify the problems include:

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

There are activities in Part B to help you accomplish these activities.

Sometimes, especially if these problems are significant or long-standing, or current leadership has not been able to resolve them, it may be necessary to bring in an external facilitator to assist with this process. Once these problems have been identified, they need to be prioritized – either by team leadership or the team itself – and plans for improvement developed.

Please refer to Module 5 of **Part B** for a series of exercises and activities addressing the themes just discussed. Activities include:

5.1: Effective Teams
5.2: Identifying Enablers and Barriers in Team Functioning

Module 6: Understanding Change

What Is Change?

Simply put, change occurs any time that we move from "the way we have always" done things to a new, or different way of doing things. This can include changing processes, locations, patient types, organizational structures, and roles. Change can be either positive (new staff joining a FHT, moving to a new facility), or negative (budget cutbacks, departure of key team members) but its impact needs to be acknowledged, irrespective of the cause, and worked through.
Teams are comprised of people with complementary skills. These differing, but complementary skills are needed as interprofessional health care teams are often formed to address the complex health care needs and issues of patients and communities. As such, they are change agents and must learn to effectively manage change. The following outlines some common responses to change, a model that can help people accept change, and a model of change management. (Building Better Teams, AOHC 2007)

Principles and Dynamics: Why People Resist Change

Some people will often resist change – they seek to maintain what is known and comfortable. As such, team members can often see change in a negative light and they resist change. Some reasons for resisting change include (Prichett, & Pound, 1990):

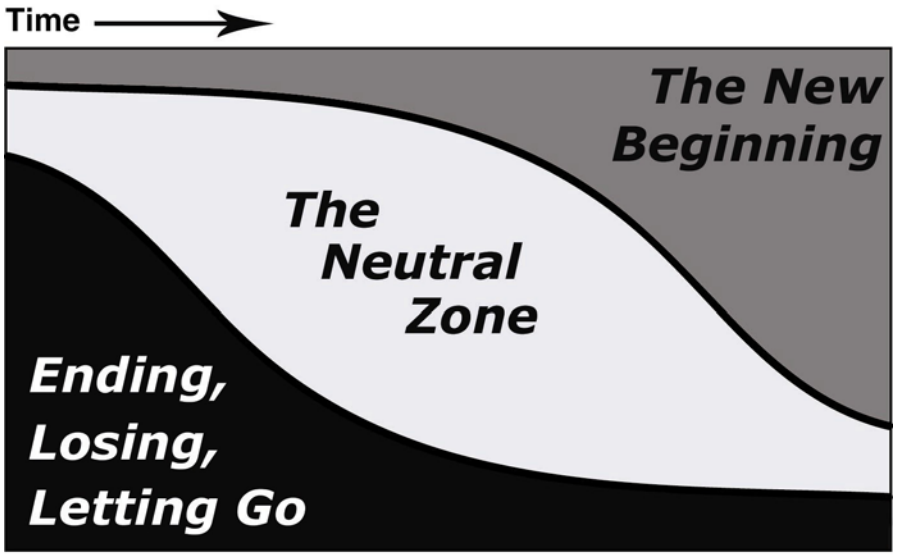
- Change causes them to move from their comfortable routines;
- Change can result in a feeling of loss of control or stability; and
- A belief that changing current practices will result in the organization making a big mistake.

Some common expressions and feelings from team mates who resist change as well as the realities of change are summarized in the table below.

Common Expression	Reality
This too will change; this is just the latest managerial "flavour of the month."	The only constant is change. Organizations are continually adapting to changing environments and client expectations.

Common Expression	Reality
Getting frustrated and angry will help.	You need to control your emotions to increase your control over the situation.
Change is a bad thing for my career – stability is what I need for career success.	The changing health-care environment, and progress in addressing key health-care challenges requires changing how we operate.
I can just keep doing what I have always done.	If the health care environment is changing, you need to change with it to be successful
I'm not in a position to make a difference.	Every person makes a difference. As a team member you can either facilitate change to enable positive differences or resist change and hold back the progress of the team
Top management should make all the decisions to ensure that changes go smoothly.	No one person can make all the changes necessary; however, it takes the full team/organization to ensure that the changes go as effectively as possible – there is power in numbers.
They (i.e. administration) are not telling us all they know.	Change is a discovery process; even the best-laid plans need to be modified over time and lack all the answers. Odds are you have as much information as top management can give you.

Given the resistance of many team members to change, it is important that teams see change as a process rather than an end-result. Moreover, team members must also see change as a transition where all team members must move from holding on to the old ways and accepting the new ways. Only through such a transition can the team become an effective change agent. Bridges (Bridges 2003) provides a three-step model that can help teams through this transition process.



The three phases of transition

These three steps include:

1. **Ending, Losing, Letting Go.** In this first phase, people have to let go of the old ways. Thus, it is critical that you help people deal with their losses. Some people will experience a grieving for the 'old ways' during this phase.

2. **The Neutral Zone.** This is an 'in-between' time in the change transition. Participants have let go of the old ways, but have not fully embraced the new. Thus, this phase is characterized by a time of realignment as people begin to accept the 'new ways' of doing things.

3. **The New Beginning.** Here, participants become energized. They develop a new sense of purpose and see positive consequences flowing from the change. Here they take ownership of the change and become change agents. Their actions now help the adoption of the 'new ways.'

To move to "The New Beginning" phase, a person must accept that the change will occur and that change can be beneficial. For this to occur, it is helpful if people are part of the implementation process, have had the changes (and their associated rationales) explained to them, and they see themselves as taking part in the change versus the change happening to them. To facilitate this, the organization needs a well-planned change process.

Making Change Happen: A Model of Change Management

In order to help facilitate change, it is helpful that team leaders and teams alike actively plan out and manage the change process. The following nine steps can be used to help effectively manage change (Kotter, 1995).

1. **Create a sense of urgency**. To facilitate change, people must see the need for it. This can be done by identifying and discussing crises (or potential crises) and new opportunities, as well as establishing current financial or environmental realities.

2. **Form a strong group to guide the process**. For change to occur, you need a strong group of people with the power to lead, acquire and manage the resources needed to move from the status quo to the 'new' reality. As such, teams can play an important role in change management.

3. **Articulate a vision and goals.** As we discussed earlier, people often resist change. To move them to acceptance, you need to create a clear vision of where the organization is headed as well as the goals and strategies needed to get there. In so doing, you can help direct the change process.

4. **Communicate the vision and goals.** It's not enough to have a change plan, you need to share it. Use every mechanism possible to share the vision and the goals (e.g. e-mail, memo, meetings). During this step, it is also important that change agents 'model' the behaviour they wish to see and encourage others to demonstrate these same behaviours. Actions speak louder than words, so make sure that leaders are modeling the right behaviours vis-à-vis the change process. Don't be afraid to repeat these key messages several times. Acceptance of change takes time. People may need to hear the message several times before they accept it.

5. **Empower others to act on the vision.** All team members must be encouraged to implement steps to take the vision and goals from the conceptual level to the 'day-to-day' operational level. Encourage people to:
    - Get rid of obstacles to change;
    - Reinforce change enablers;
    - Re-examine and change systems and process that hinder the transformation; and
    - Take risks in trying out new (or questioning current) practices.

    Remember that there will be mistakes during change processes. Well thought-out risks, even if they fail, should be recognized. If you don't encourage and reward risk, change will never occur. See mistakes as learning opportunities by asking "What would we do differently next time to ensure that this was more successful?"

6. **Create short-term wins.** Change is tough work so we need to reward and recognize it. Create a plan for the change and include visible performance indicators. Celebrate these shorter-term wins to keep the team energized. If these benchmarks are missed, treat it as a learning opportunity and try to see what can be done to get the team back on track.

7. **Identify individuals who may be having particular difficulties.** These individuals may need some additional assistance or support to adapt to the new situation. Don't just assume everybody should (and can) adapt at the same rate. Some individuals may need additional information, assurances or support, or additional opportunities to talk about their apprehension.

   Pay attention to those individuals who seem to be more resistant to the changes or the processes you have set in motion. Sometimes this comes from lack of accurate information or misconceptions about the process, or from feeling alienated from the processes taking place, which can be better addressed in a one-on-one discussion rather than a group meeting. Sometimes these individuals may also raise issues about things being lost or values being changed that the rest of the team may have overlooked and which will need to be revisited.

8. **Consolidate improvements and create more change**. Use a wide-based implementation strategy to share changes that have been shown to work. Continue to question, refine, and maybe even remove practices, policies, structures and procedures that do not fit into the vision.

9. **Institutionalize the changes**. Communicate through a variety of mechanisms, and on a regular basis, the linkages between the changes made and the renewed success of the organization.

Adapting to Changes in the Team Membership

As agents of change, teams themselves must adapt to changes within team membership. As teams develop they may need to bring in new team members and will also experience turnover. When this occurs, it is important to remember that the team will recycle through the four stages of team development we discussed earlier (i.e., forming, norming, storming, performing). The good news is that teams cycle through these stages must faster the second time. Nevertheless, to facilitate this cycling, during times of team membership additions, teams will need to again revisit the concepts of team goals, team processes as well as the key steps needed for team development.

No activities or exercises are provided for Module 6 in **Part B.**

Module 7: Enhancing Collaboration

There are many definitions of collaboration, but the common elements include two or more individuals working together in a partnership that is characterized by:

a) Common goals or purpose;
b) Recognition and respect for strengths and differences;
c) Equitable and effective decision making; and
d) Clear and regular communication to improve access to a comprehensive range of services delivered by the right person, in the right place, at the right time (IPC definition).

One helpful working definition proposed by Way, Jones and Busing (2000) has been to see collaboration as "an inter-professional process of communication and decision-making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client/patient care provided".

From a clear understanding of others comes the basis for respect which underlies all successful collaborative endeavors. The need to establish the trust and respect of other team members derives from a central feature of collaboration: no individual is responsible for all aspects of the patient's care, and therefore each member must have confidence that other team members are able of fulfilling their responsibilities.

Collaboration is also based on strong personal relationships and teambuilding activities such as exercises, retreats, social/recreational activities and training sessions help to build personal as well as professional relationships. There are also a number of exercises that can help foster this awareness and understanding.

In addition, an often overlooked member of the health care team is the patient him- or herself, as well as their family and community. Collaborative partnerships need to consider how to incorporate the patient and family into the care plan.

Assessing Collaboration in a Team

A number of tools are included in Part B to help your team. Choose the ones that are most applicable to what you want to achieve in your FHT. As with other tools, the findings from these instruments should be collated by the lead team and the results shared with the team. It may be possible for each individual to talk about their own responses, or the leader can summarize findings and invite discussions as

to: Is this a surprise? Do these findings seem valid? What do we need to change? Where do we start?

Often an open discussion can substantially improve collaboration in and of itself. Alternatively, any of the questions in the tools from Part B, especially those that assess the performance regarding collaboration, can be asked at a team meeting or retreat, initiating a discussion as to how well a team is collaborating, and what needs to be changed.

Please refer to Module 7 of **Part B** for a series of exercises and activities addressing the themes just discussed. Activities include:

7.1: Attitudes in Teams
7.2: Knowledge and Skills in Interprofessional Collaboration
7.3: Assessing Current Collaborative Efforts
7.4: Measuring Satisfaction Levels in Collaborative Teams

Module 8: Improving Communication

Effective communication contributes in several ways to interdisciplinary teamwork. It helps with many of the other tasks in building a team and is the underpinning of effective collaboration. It also facilitates team members being able to let each other know about their skills and expertise or where care could be shared. Poor communication is a barrier to decision making, conflict resolution and problem solving. Looking at communication in a team is helpful at any stage of development. Being able to discuss concerns, both formally and informally, can provide support and reduce the stress of the work.

Communicating in Interdisciplinary Teams

Key components of communication in an interdisciplinary team include:

- Informal communication in the course of the workday;
- Interpersonal communication (e.g. active listening, reflecting, giving feedback);
- Timeliness of communications;
- Written and verbal communication about administrative issues;
- Written, verbal and electronic communications about clients;
- Written and verbal communications to clients;
- Communication within teams (intra team);
- Communications with other teams (inter team);
- Communication across the organization (if it involves more than a single team);
- Use of technology in communication;
- External communications;
- Inclusiveness of communications;
- Information on activities happening in the FHT; and
- Dissemination of policies.

These categories form a framework for examining communication in teams.

Please refer to Module 8 of **Part B** for a series of exercises and activities addressing the themes just discussed. Activities include:

8.1: Conducting a Staff Survey
8.2: A Team Discussion
8.3: Developing a Communications Plan

Module 9: Leadership and Decision-Making

Leadership Roles in Teams

Effective leaders have personal credibility, and communicate regularly and clearly with team members. They are able to involve all team members, and encourage them to develop their skills and potential. They are able to help the team manage change and to lead a review of goals and objectives as necessary. They ensure team members are accountable and complete assigned tasks. In more mature teams leadership can be shared, with different team members being able (and allowed) to take on responsibility for specific tasks, according to the skills and competencies they possess and the demands of the task.

In a team setting, part of the role of the leader is that of a facilitator. As a facilitator, the team leader tries to guide the team towards goal attainment but (s)he does not direct the team. Effective team leadership roles focus on both task and relationship/process facilitation.

While people often think of team leadership in terms of a formally appointed leader, it is important to note that leaders can emerge in teams. In teams where no formal leader has been named, emergent leadership occurs when a participant takes leadership roles (task or relationship) or when s/he has subject-matter expertise that the team needs. However, even when a team leader has been named, effective team leaders share leadership by encouraging team members to take on leadership roles or by formally recognizing team members with special subject matter expertise.

Membership and leadership roles are inseparable and involve an emphasis on role functions rather than on a particular discipline or a set of personality traits. Although one or more individuals may have a formal designation as a group leader, all team members need to share responsibility for informal and formal leadership. In true interprofessional teams, the functions of (potential) leadership and membership are viewed as synonymous. Because all team members have an investment in seeing the team achieve its goals and objectives, each member has the responsibility to help the team progress.

An emerging pattern in many primary health care teams is the requirement for equal participation and responsibility from all team members with shifting leadership determined by the nature of the problem to be solved.

Functions of Leadership

The functions of leadership include helping the group to:

- Decide on its purposes and goals;
- Focus on its own process of work together so that it may become more effective rather than becoming trapped by faulty ways of problem solving and decision making;
- Become aware of its own resources and how best to use them;
- Evaluate its progress and development;
- Be open to new and different ideas without becoming immobilized by conflict; and
- Learn from its failures and frustrations as well as from its success.

Activities of the Leader

The following table outlines some of the important activities of the leader.

Activities	Description
Task facilitation	Effective team leaders are able to help guide the team through its tasks. Leadership roles that fall into this category include: • Information-seeking • Information-sharing • Elaborating • Coordinating • Monitoring • Process-analyzing • Reality testing • Summarizing • Resource acquisition
Relationship / process facilitation	The team leader must help facilitate positive relationships between team members. This role includes: • Supporting • Harmonizing • Tension-relieving • Energizing • Developing • Facilitating • Processing

Team leaders must also be aware of roles that they may take or that can hinder the team. These ineffective (or blocking) roles include:

- Overanalyzing;
- Over-generalizing;
- Fault-finding;
- Premature decision-making;
- Presenting opinions as facts;
- Rejecting ideas of others;
- Pulling rank;
- Dominating;
- Stalling.

Decision-Making

Successful interprofessional team functioning is associated with efforts to ensure that staff are involved in critical decisions. This does not always imply consensus. There seems to be recognition that some externally driven decisions are not open for discussion. In some situations, staff members are given choices from among selected options, at other times they are invited to invent the options themselves, and in some cases they are simply given information about why a decision has been made. Make it clear whether an issue is being brought to the team to make a decision, for consultation or for information. When the criteria and process for making decisions is explicit and transparent, teamwork is enhanced

When decision-making is based on a shared vision and philosophy, it helps to create and support effective teamwork. It can be complicated, however, to continue to involve everyone in all decisions.

Accounting for power differences also means considering culture and gender, as both have an effect on how people engage in decision making. Politeness, assertiveness and the importance of maintaining harmony in relationships vary by culture. Being aware of these differences during decision-making can help to ensure the full and equal participation of everyone on the team.

Guidelines for Effective 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. 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, 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.

   a. **Determine the Desired End State.** Here teams need to clearly define what success looks like.

   b. **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.

   c. **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).

Personal Skills & Team Decision-Making

It is important to consider personal skills that may affect decision-making, which are described in the table below.

Skill	Description
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.

Strategies for Reaching a Decision

In team processes, final decisions can be made in a number of ways (AOHC 2007). There are eight strategies described below.

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.

Methods for 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 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?

Testing for Consensus

Once you sense that the team is at consensus, you need to test for it. Two different tests are described in the table below.

Test Types	Description
The Five "L" Straw Pole	The following five "L" words are placed on a flipchart. Each team member uses a marker to place an 'X" under the "L" word that best represents how (s)he feels about the alternative being discussed. • Loathe • Lament • Live • Like • Love Note: if any team members indicate loathe or lament, the team does not have consensus. If all team members indicate live, like or love, you have consensus.
Thumbs Up	This visual technique consists of people using one of the following gestures when the question "Do we have consensus" is called. ***a. Thumbs Up.*** This 'hitch-hiking' sign is used when the team member is in full agreement with the alternative – it is their preferred choice. ***b. Thumbs Neutral.*** This sign is when the hand is in the same 'hitch-hiker' shape but the thumb points to the left. This means that the person can support and live

Test Types	Description
	with the alternative, but is not their preferred choice. ***c. Thumbs down.*** Here the thumb is pointed to the ground to show that the person can neither live with nor support the alternative. Note: any 'thumbs down' means that there is no consensus. If all parties have 'thumbs up' or 'thumbs neutral' – you have consensus.

There may be times when you are near consensus and only a few people are not yet at consensus. While these people should not be made to feel bad, or forced into consensus, the following questions may help the team reach consensus:

1. There seems to be a number of people who support this alternative. What would it take for everyone to support it?

2. It's important that we hear from all team members on this alternative. For those that do not support this option, what would you need in this alternative for it to be acceptable to you?

Decision-Making Checklist

Social processes can act as barrier to effective decision making. For example, people can put less effort into the group process if responsibility for the work is shared. Also, teams can make poor decisions through habitual processes and pressure to conform.

Use this checklist to help overcome the barriers to effective team decision-making.

Team Culture:

- ❑ Have we generated a safe atmosphere so team members feel able to contribute?
- ❑ Do we need to work in subgroups to overcome groupthink?
- ❑ Do we have a culture of listening?
- ❑ Does the team have a strong group identity?
- ❑ Is the task meaningful to the group?

After a decision has been made:

- ❑ Have we generated a sufficient quantity and range of ideas?
- ❑ Did we take sufficient time to explore options?
- ❑ Have we gathered everyone's thoughts and suggestions?
- ❑ Have we discussed all doubt?
- ❑ Have we fully considered all new information?
- ❑ Are there any sources of new information we have not yet considered?
- ❑ Have we asked for information from others outside the team?
- ❑ Do we need expert opinion?
- ❑ Have we reappraised our original objectives?
- ❑ Have we fully considered the consequences of our decision?
- ❑ Do we have contingency plans?
- ❑ Have we identified the weaknesses in our decision?
- ❑ Is there individual accountability for the work to be done?
- ❑ Is there equality in the workload of each team member?

Please refer to Module 9 of **Part B** for a series of exercises and activities addressing the themes just discussed. Activities include:

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

Module 10: Conflict Management

What Do We Mean by 'Conflict'?

Conflict arises when at least one party believes that another party's actions or intended action threaten to harm his or her interests. It can be between individuals or within the entire team. Situations that may lead to conflict arise continually in daily life. A situation becomes a conflict because of people's reactions to the circumstances or actions of others. These reactions are based on learned values, biases and lived experiences. Skill development in effective interpersonal communication can greatly assist the process of conflict resolution.

Conflict can arise because of:

- Scarce or limited resources;
- Human needs;
- Conflicting values and beliefs;
- Structures external to the team/FHT; and
- Different and seemingly incompatible interests.

Learning about conflict styles can be helpful at any stage of team development, but can be particularly helpful during Storming. The exercises can all be facilitated by an internal facilitator who feels confident with conflict. Outside facilitation is suggested if there is a high degree of conflict or if there is no one who feels confident with facilitating conflict discussions. It is helpful to have a group large enough that there is a range of disciplines and professions. This will also ensure a range of conflict styles.

Checklist for Conflict Management Systems

Adapted from Conbere 2001, the checklist below identifies potential mechanisms for identifying, defusing or resolving conflicts within teams. Use it to assess the performance of your FHT in this regard. The checklist can also 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. In addition, the individual questions can be used to initiate discussion about specific topics in team meetings.

- ❑ Do we have options for preventing, identifying and resolving problems of all types?
- ❑ Do we have a culture that supports resolution of conflict at the lowest level through direct negotiation, and that encourages discussion of conflict?

- ❑ Do we have a culture that supports the belief that mistakes and problems are opportunities for learning?
- ❑ Do we have clearly stated policies about how conflict will be resolved?
- ❑ Have we involved a variety of stakeholders within the organization in designing our system?
- ❑ Do people responsible to act on the policies understand what their roles and responsibilities are?
- ❑ Are we flexible in our design to meet differing needs based on respect for diversity?
- ❑ What other written documents need to be revised to support conflict resolution (e.g. job descriptions, manuals, personnel policies)?
- ❑ Are there multiple options for addressing conflict with employees being empowered to make the choice?
- ❑ Do the leaders in our organization do enough to support resolving conflicts?
- ❑ Do we have a body overseeing the system that is made up of a variety of stakeholder groups?
- ❑ Are there training opportunities for developing the skills needed to resolve conflicts?
- ❑ Do we have sufficient resources to support the system we have designed?
- ❑ Are there institutionalized incentives to prevent and resolve conflict?
- ❑ Do we have a communication strategy so that everyone in the organization knows what to expect?
- ❑ Do we evaluate our system and make changes as needed?

Conflict Styles

The table below provides a list of different styles for managing conflict (Kestner & Ray 2002):

Conflict Style	Description
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.

Conflict Style	Description
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 the 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.

Please refer to Module 10 of **Part B** for a series of exercises and activities addressing the themes just discussed. Activities include:

10.1: Understanding Behavioural Styles in Discussions, Debates and Conflicts
10.2: Conflict Management Systems
10.3: Defining Conflict Styles
10.4: Analyzing a Conflict Case Scenario

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