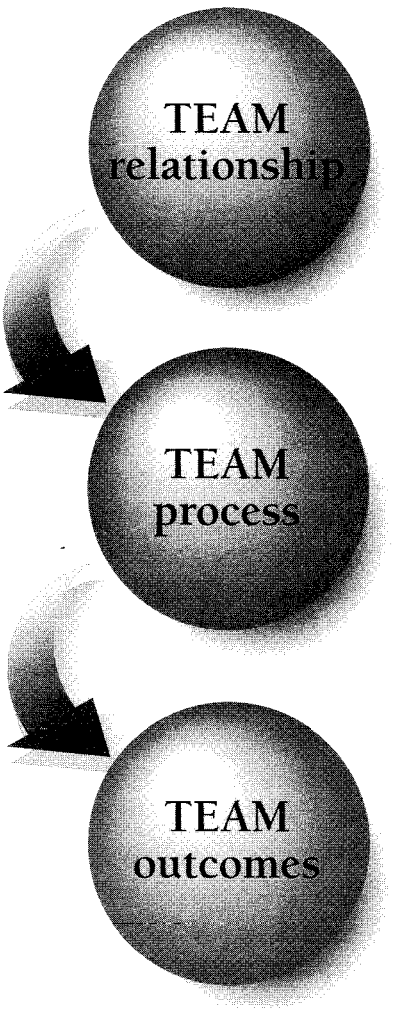
gifted in leadership out of context of the role of other disciplines and their ability to lead. It is primarily because of the character of the nurse's role in coordinating, integrating, and facilitating the continuum of care. Nurses have historically been educated, prepared, and experienced in integrating and coordinating a broad base of services in the patient's ongoing journey through the institutional system. This coordinative and integrative function, and the activities associated with it, has been a fundamental part of the nursing expectation since the initiation of hospital-based practice. As a result, much of the role of the nurse is amenable to interdisciplinary team leadership. However, this need not always be the case.

Depending on the culture, function, and priorities of a particular practice environment, critical path, or continuum of care, different practitioners may have the obligation to provide leadership within particular pathways. These patient pathways serve as the foundation for determining the appropriate leadership for teams within the context of that culture. Leadership therefore becomes less a discipline-specific expectation and more a patient pathway expectation.

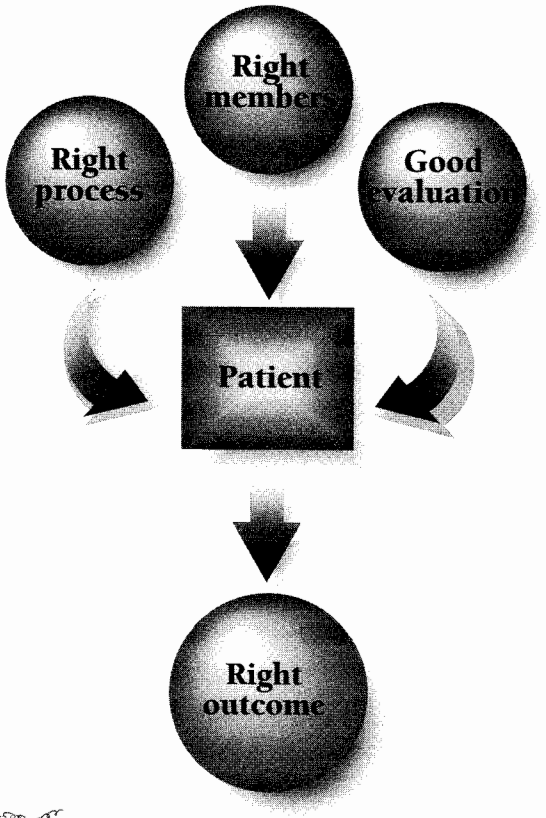
Each patient in the system has a particular set of needs at any given time that are exemplified in the patient's relationship to the health pathway. In that framework there is an expectation that the pathway would determine the activities, functions, and expectations for that patient in that given set of circumstances. Certain pathways, such as women's health, rehabilitation, and mental health services, may attend to a variety of disciplines depending on the need, the point-of-service, and the particular culture of service a patient requires at any given point in the patient's relationship with the system. Therefore leadership is determined based on need, not based on discipline.

The discipline providing leadership is further determined by the culture within which the service is provided and the needs that culture represents to the patient served. Therefore leadership is a subset of the patient's environment, not a requisite of the provider's role. However, that need and that culture determine the character of the leader and who should provide leadership in any given set of circumstances.

THREE ELEMENTS OF TEAM SUSTAINABILITY



TEAM FOCUS



WORDS*of* WISDOM

The key to effective and sustainable teams is leadership. It does not matter what kind of configuration an organization has: the leadership of the team is critical to its success. No team fails by neglect alone—it is usually actively led into its own demise.

A great deal of dialogue and discussion remains around team leadership, case management, and other newly emerging roles within the health care system. Each of the discussions has imbedded in it issues around role, leadership, and control. Although it is important to incorporate each of these elements in the dialogue, it is equally important to make sure that leadership is provided based on the needs of those served and the framework and design of the system supporting how that service unfolds.

The emerging roles of leadership around mentorship, outcome orientation, innovation, interdisciplinary relationship, point-of-service design, and team-based approaches all change the very character and content of leadership roles. Each of these must be considered in both management and team leadership roles, how those roles are defined, and who is assigned to provide them.

INTERTEAM ISSUES

As organizations build more continua of care and integrated interdisciplinary organizational systems, there will be more opportunities for team relationships across the system (Team Tip 4-3). The challenges associated with this will be considerable. Since most organizations have been operating in departmental, silo-based structures for generations, most workers in those systems have grown up in just such structures. Trying to learn to work as an integrated whole, visioning one's role within the context of the whole, and looking at one's function within the context of outcomes is a major psychological and behavioral shift in orientation. It should be expected to be a traumatic, challenging, and noisy transition.

The "tribal" orientation of both disciplines and departments creates natural barriers to the consideration of team-based relationships across the system. Increasingly, in building the continuum of care, integration between teams is as critical as integration within teams; therefore, in interdisciplinary team building, getting past the tribal consciousness will become critical to the success of the organization.

Every time we observe the organizational system, we can watch people and professions operating within the context of their own organizational

structure and relationship, from providing service on units to eating lunch in the cafeteria. Understanding the phenomena associated with forming tribal groups and organizational bodies in interdisciplinary systems will be critical to dismantling them. Forming new relationships, liaisons, attachments, and organizational interactions will be critical to developing effective and sustainable team-based approaches.

Forming team-based relationships between and within teams along the continuum of care will be equally critical to the work of the organization. As more and more health care systems become integrated across patient pathways, building team-based relationships along those pathways will be as important as building team based relationships within the context of each team. Developing intersecting mechanisms, developing organizational and shared decision-making roles, and formatting organizational structures and governance frameworks for these more multifocal integrated systems will be important work of design.

When one attempts to build team-based organizational systems, the attempt leads to addressing all of the arenas of concern around the organizational system. No element of the organization, no component of structure, no design of the point-of-service or continuum can be addressed without looking at the other components of the organizational system and the impact each change has on the whole. When one begins to look at the interdisciplinary formation and nature of team-based design, it is clear that whole systems approaches must be incorporated into the view one brings to thinking about team-based approaches. Considerable focus and emphasis on critical design and structuring around the relationships disciplines have with each other will form the foundation for sustainable team-based formation and define the work in creating sustainable interdisciplinary teams.

FORCES INFLUENCING TEAM CONSTRUCTION

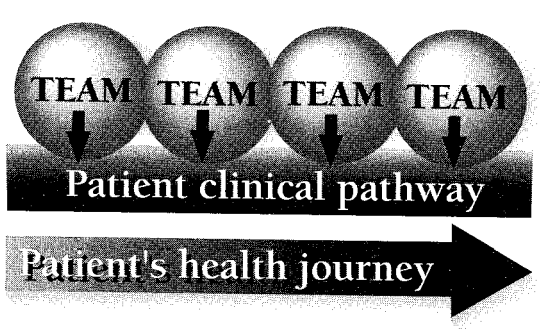
Many forces are at work in building interdisciplinary teams. Attention must be payed to integrating around value, the rules of relationship, and the unique and individualistic language of disciplines. There is a need for

TEAMTIP 4.3

Team Design Consistencies

1. *The same principles of partnership, equity, accountability, and ownership govern all teams.*
2. *Teams are driven from their relationship with the patient, not their relationship with the system.*
3. *Teams focus on their work, which is guided by standards each member commits to.*
4. *Members are committed to building their relationships with each other, knowing that affects patient service.*
5. *Teams are places of continuous learning. Everyone is in development at all times and committed to continuous growth.*
6. *Teams are "we" places, not "I" places. The members seek to contribute their unique talents to the benefit of the team and to positively affect patients.*

The single greatest challenge for the system attempting to build a team approach to work is the current compartmentalization of thinking and organizing. From CEO to provider, much of the work is changing thinking from vertical connections to horizontal relationships. Much of the success of the system will be based on its ability to make this change.



TEAMTIP 4.4

Basic Team Values

- *Each member is honored for his or her uniqueness and contribution.*
- *Every member contributes to the outcomes of the team.*
- *The team always addresses issues of conflict quickly and with good process.*
- *Dialogue is the central communication skill for team members.*
- *Teams are always evaluating the effectiveness of their work.*
- *Team activities are not fixed; they are changed as frequently as the demand for them changes.*
- *Teams' central purpose is meeting the needs of those they serve before any other consideration.*

common language, education, development, and shifting the professional mindset of each discipline; adjusting the thinking patterns that each discipline brings to the process; and altering the roles, relationships, and cultures that have developed within the context of each team. Bringing each of these unique sets of variables together under the umbrella of the integrated interdisciplinary team has imbedded in it a huge set of challenges (Team Tip 4-4). Much of the work of leadership will be in this arena. Most of the activities of creating effective interdisciplinary teams will be in the arena of sorting through the individual character of the disciplines and the application of individual disciplinary processes to an interdisciplinary framework.

Moving in the direction of creating interdisciplinary teams will require a huge educational effort. Indeed, much of what we identified as a part of a learning organization in Chapters 1 and 2 will be articulated in the process of developing interdisciplinary teams in a clinical environment. The stakeholders will need to be involved in design, in visioning, in construction of the transition and transformative process, in modeling and reinforcing new sets of behaviors, in development of new leadership and management processes in the organizational system, and in developing mechanisms for addressing the conflict that will invariably emerge in all of the efforts devoted to building an interdisciplinary mindset.

The movement away from notions of dependence and independence toward a level of interdependence will be a critical element of the process of building interdisciplinary teams (Team Tip 4-5). It is clear in all systems thinking that there really are no dependent or independent roles in human work groups; there are only interdependent roles that have imbedded in them individual as well as collective characteristics. The movement toward interdependence is the fundamental task and activity of work groups and leadership in building teams and team processes. Moving toward an interdependent organizational system (the team process) will require a clearly coordinated and well-defined developmental process. Developmental process should cover at least the following issues:

- A clear understanding of the meaning behind creating team-based approaches
- The basic concepts associated with team-based designs
- The terms of reference around building and constructing effective teams
- Point-of-service design and empowerment of staff members
- Full understanding of the change process and its impact on individual roles
- Interpersonal skill development and relationship building
- Identifying tribe behaviors and the shift toward interdependence
- The development of clearly enumerative communication and relational skills
- Collaboration/conflict resolution processes
- Building the process of dialogue in group dynamics

Each of these elements is a specific requisite of all disciplined team members on their way to understanding and incorporating team processes and behaviors into their own practices and processes. The organization's commitment to development, to understanding, to reskilling, and to changing the orientation of each member becomes a critical first step in ensuring that the interdisciplinary framework can be applied to team development in an effective and meaningful way.

The characteristics of interdependent and clinical teams in health care have many common characteristics with those of team development in

TEAMTIP 4-5

Moving toward Interdependence

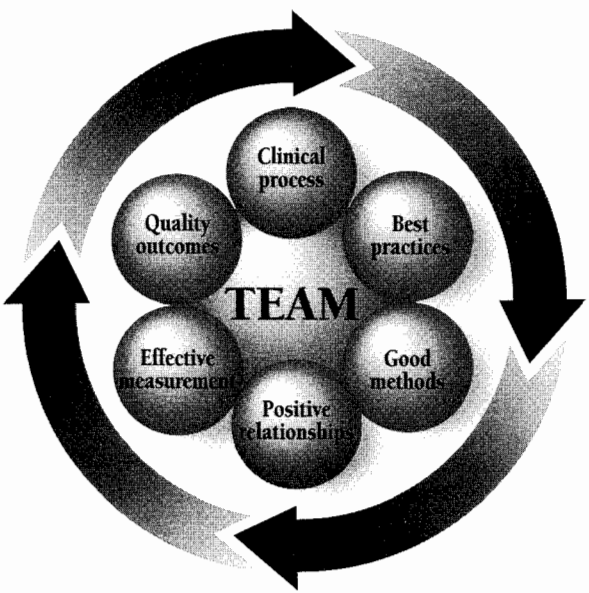
In team-based approaches there are no independent or dependent functions. There are only interdependent actions. Each contribution by a team member is as important as that of another. Contribution is differentiated by role, not by importance of the person. This means:

- *Equity between members is critical to good relationships.*
- *Working out personality problems is a high priority early in team relationships.*
- *Development of good problem-solving techniques in the team is important.*
- *Linking all clinical activities together ties team members to a common process and goal.*
- *Each member is valued for his or her contribution to the work of the team.*

The team will always be looking to create a real identity for itself to give members a sense of place and belonging in the larger system. All efforts of the team should be to make their relationship sustainable.

other service enterprises. However, health care is unique in the character and content of the discipline-specific approaches to delivering service. The disciplines have emerged as a part of the social mandate to protect the public and to provide a broad-based range of knowledge to a multiplicity of services in rendering health care to the community the professional serves. Honoring this unique contribution and the collective obligation all have to achieve higher levels of outcome becomes the critical cornerstone of team-based development.

The movement to bring professions together to create a common consciousness, a common commitment in an integrated approach to delivering point-of-service care is important in the next stage of health care maturation and refinement. Building service across the continuum of care,



building subscriber-based pathways, and constructing service frameworks to support health rather than illness calls the disciplines together in a unique way. Developing the foundations for good team-based approaches will require much confrontation and noise in the system.

The challenge for each of the disciplines is the challenge for all of the disciplines. The commitment of all disciplines to the purpose of improving the health of individuals and society is at question in building team-based approaches. Crossing disciplinary parameters, moving from vertical orientation to horizontal linkages, creates a new demand on the disciplines to relate in a broader context and a deeper frame of reference. It challenges each discipline to test the value of its contribution against the outcomes of health each is required to obtain. It calls all the disciplines around the table to deal specifically with their common commitment, sort through their unique contribution, and, in the final analysis, identify that core, that common ground, to which each is committed in providing service and advancing the health of the community.

The work of all health professionals is to meet the needs of those they serve. Because they share the same commitment, they should be able to share the process.

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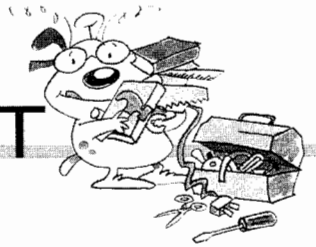
CHAPTER 4

TOOLCHEST



TOOL A: Team Behavior Checklist

The following items are a pre-team checklist to help the facilitator focus on the individual team member's participation and involvement in the team process. This checklist helps the facilitator or team chairperson involve the team members fully in the issues of the team:

- All members are present.
- Each member knows the rules of engagement, which were shared at the beginning of the team session.
- Each member of the team has participated and shared his or her views during discussion.
- No team member was quiet.
- The facilitator asked direct questions to engage the more reflective participants.
- There are no hidden agendas.
- Each member is fully invested in the goals of the meeting.
- Every issue receives the attention it requires.
- There is no "acting out" by any member.
- Every discussion is reasonable and fact based.
- Personalities are not discussed nor attacked.
- People do not act out of anger.
- There is no side discussion or whispering occurring.
- Members are frank and open in their contributions to the discussion.
- Members feel generally good about the work and progress of the team meetings.
- The chairperson feels adequately supported by the members.
- The process of team meetings are orderly and progress well.
- Add additional needs:

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The facilitator should attempt to review each of the sessions using this checklist and should add specific items to it that individualize evaluation to the demands of individual teams. This process will help keep the facilitator focused and aware of the impact of members on the team and identify problems that might arise during the team meetings.

TOOL B: Group Reality and Systems Exercise

This exercise has any permutations and sources but it is a good one to use at the beginning stages of group formation to lean quickly the dynamics of systems process within the context of a team process. It can be used for a group of up to 30 participants and is an excellent teacher of how groups can work well.

Tools: Three balls, preferably balls that do not bounce well.

Time: 30 minutes to one hour.

Instructions:

- Person must throw the ball to the same person each round and receive it from the same thrower each round, (the sender and receiver of the ball are different people).
- Whoever drops the ball must pick up his or her own ball.
- Throw the ball gently underhand.
- Place your hands in front of your body before you receive the ball and behind your body when you have completed your round.

Facilitator explains the above rules. Group is placed standing in a round circle facing in, with enough room between each participant to throw and receive a ball. The facilitator chooses a person who will always be the first tosser. The exercise is explained, and the participants are told they will be timed regarding how long it will take to complete throwing and receiving the ball by each member around the circle. The goal is to toss the ball completely to each member in as efficient and timely a fashion as possible. The facilitator is trying to obtain the best time and usually allows three cycles of throwing to get the best time with the ball.

After completing the best time run with one ball around the circle the facilitator introduces a second ball into the exercise to be thrown around the participant circle in the same order and manner as the first ball. This too is timed and compared to the time of throwing one ball. The same is done with a third ball. Each ball is generally given three rounds to get the best time. Outcomes obtained in this exercise include the following:

- The times for throwing three balls are close to the same as the time for throwing one ball.
- The participant get better at throwing and timing the balls.
- A pattern of flow between participants and balls begins to emerge.
- The teamwork begins to become strong and effective.
- Other individual patterns of systems affecting the team becomes clear to team members.

An evaluation of the process with individual debriefing should occur right after the exercise, with a focus on the implications this exercise has for creating team relationships, effectiveness, and outcomes. Some rules of team behavior and functioning should flow from the debriefing session. This is a good exercise to do periodically to help re-engage team members to what is necessary to ensure good team process and successful team relationships.