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Getting Started: Making Teams Work

Ours is a brand new world. Time has ceased, space has vanished. We now live in a global village.

Marshall McLuhan

The first three phases of team formation are essentially developmental. They are filled with activities that provide a functional and relational foundation for good team functioning. The subsequent activities of team formation require that these foundations be in place before the team can mature and keep its focus on its work and outcomes instead of the team's formation and relationship issues. Ensuring that members are capable of functioning and relating is the beginning point for a renewed focus on the work and products of the team's efforts. This is the essential role of evaluation, feedback, and conflict resolution.

EVALUATE BEHAVIOR AND PERFORMANCE OF TEAM MEMBERS

In the team-building process, the relationships and interactions among members are critical to the team's success. No team can be sustained for long without addressing the behavioral expectations, roles, and relationships of all members. The greatest problems in almost all team-based organizations are the conflicts that are generated out of problems associated with relationships and interactions. Clinical teams are no different from any other kind of team. These behaviors and interactions are continually

Team behavior is the foundation for building relationships. Sustainable teams can address their members' issues and relationships as an ongoing part of doing the work.

BOX 4-1

Cues for Including Physicians

- Schedule the times of meetings for times the doctor can be there.
- Make sure there is a reason for the physician to be there.
- Help the physician feel comfortable in deliberating with other team members.
- Resolve personal difficulties between members early in the team-building process.
- Focus on patient and clinical concerns; physicians are interested in the care patients receive.
- Use the clinical protocols, best practices, or care maps as the centerpiece for dialogue and the foundation for building communication.
- Deal with communication problems as soon as they arise.

It is not the role of the manager to be translator in team-based approaches; the manager facilitates the development of effective communication skills in all the staff.

influenced by the ebb and flow of the work and relationships of each team member. Of greatest concern on most clinical teams is the role of the physician among other providers. Physicians have historically been most loosely associated with the health care team. They essentially have been the “guests” of the system, bringing patients, documenting activities, and essentially leaving to complete roles and obligations within the contexts of their own individual practices. With team-based approaches, there is a demand for a more integrated and a more intensive activity between team members and the physician. Indeed the physician is considered as an active member of the team (Box 4-1).

Much of the initial work of team building along the critical paths and within the context of integrated, interdisciplinary teams will be around involving the physician and other team members and observing, evaluating, and addressing behavioral, relational, and interactional problems associated with working between and among the variety of disciplines, including the physician, within the context of the team. There must be substantive evidence at all levels of the team that the team is committed to the same goals, relationships, and interactions with each other, and that commitment results in meaningful outcomes as well as sustenance for the team itself. Effective team building involves digesting and clarifying issues around the basic relationship of team members with each other.

CREATING MEANINGFUL FEEDBACK LOOPS

Much of the relationship involved in any team framework relates to the generation, management, and communication of information. Work-based teams require accurate, meaningful, and viable information as the foundation for their work. Communication of information is one of the more critical aspects of effective team processing. Timely communication, feedback, and response are critical to the ongoing success of the team. Therefore feedback mechanisms that are prompt, accurate, immediate, and provide what is needed by both teams and the individual members are essential to building effective trust on the team and to sustaining the team’s work.

Without accurate and meaningful information generated in a timely way, and without good feedback mechanisms, the team has nothing to sustain it (Box 4-2). Information is the life blood of teamwork and therefore communication between members; the generation of information to all members becomes a critical part of the process of ensuring the effectiveness of a team. The team simply cannot wait to do its fundamental work; therefore it needs whatever tools are essential to that work and will require that those tools be generated freely and openly. Team performance is based on ensuring that appropriate team communication processes are in place.

COLLABORATION AND CONFLICT

As mentioned earlier, relationship building is fundamental to the sustenance of any team. Teams collaborate at varying levels and have varying levels of conflict. Teams move continuously through cycles of collaboration and cycles of conflict. Often these two cycles may be operating at the same time. It should be anticipated that both conflict and collaboration will occur at the same time and within the context of the team. You cannot bring individuals together with varying backgrounds, insights, and roles without generating some level of conflict. Conflict is normative in diverse work groups; it is to be anticipated and expected. For teams to be successful it must even be embraced. Team leadership must develop processes appropriate to dealing with conflict and ensuring that it gets addressed appropriately (Box 4-3).

Collaboration and conflict are two sides of the same coin. Collaborative activities must also be continually addressed and embraced as a part of the work of the team. Collaboration requires that all team members be interested in what the other members have to contribute to the team's work. They have to be open and responsive to the ideas and notions of others around the work. They have to be able to incorporate new ideas in their own practice that come from other team members, as well as generate new ideas for others (Box 4-4). Collaboration also indicates respect for others in terms of their differences both in approach and in action.

BOX 4-2

Feedback

- Is clear
- Is direct
- Is understood
- Is timely
- Is accurate

BOX 4-3

Conflict Resolution Process

- Identify the circumstances.
- Look for a central theme.
- Identify the issue.
- Locate accountability.
- Assign accountability.
- Enumerate solution methods.
- Apply or implement suggested approaches.
- Regather to evaluate progress.
- Apply strategies again.



WORDS of WISDOM

Nothing is worse than not getting feedback about work or performance. Information is the life blood of good relationships; it is critical to share it generously.





WORDS of WISDOM

Conflict is normal and should be anticipated in team formation and management. What is important is that it be handled well!



FOCUS

Barriers to Collaboration

Many elements of a relationship can create barriers to collaboration that require a process of resolution. Issues that can create barriers include the following:

- *An inability to put the real issues on the table*
- *Personal dishonesty in one or several of the members of the team*
- *No real method or process for making it safe to deal with the issues impeding relationships*
- *Uncertainty around role and relationship between members of the team*
- *Absence of team members at the time committed to problem resolution*
- *No real team commitment or identity*
- *No accountability or performance expectation that makes a difference*

One of the most difficult arenas in clinical teams is recognizing that a whole range of actions can achieve the same outcomes without requiring rote or standardized action. Approaches to rendering appropriate clinical services are often different. People use different techniques and processes depending on the individual's background, experience, and skills. If the principles are adhered to and if appropriate outcomes are achieved through a tightness of fit between process and those outcomes, the differences and approaches should be respected by each of the individual team members. Teamwork grows through the openness of all members to the opportunity to learn, broaden, and incorporate new practices into a member's own work. This openness and availability will enhance the creativity, strength, viability, and sustenance of effective teamwork.

MAKING DECISIONS

Much goes into making effective decisions. Decisions are not simply effective because groups make them. Good decisions require discipline, methodology, and an effective, replicable process that continually bears

BOX 4-4

Requisites for Collaboration

Collaboration is a skill set, not a gift. It can be learned, but not without a process that involves all team members. A good process is necessary. Requisites for collaboration are:

- Learning process around the principles
- Situations of collaboration enumerated
- Barriers to collaboration enumerated
- Expectations for performance clarified
- Action learning and practice processes undertaken
- Problem areas focused on and worked out
- Method of issue confrontation and resolution applied
- Regular time for evaluating progress and need for skill

positive results (Box 4-5). In team-based processing specific individuals do not make all the decisions for the team. If there is a team leadership position it is not the expectation of the team leader to make decisions for the team, but instead to facilitate the team's decision-making process. Therefore effective methodology and good critical decision skills are essential components of all of the team members' functioning in relation to their own work and in interaction with the team. Using the techniques identified in other sections of this book for decision making and for ensuring effective team processing will be critical to the sustenance of the team. Decision making is a critical centerpiece of the work of teams. Therefore careful and studied attention should be paid to the methods and techniques used for creating effective decisions in the organization.

FINAL PHASE: SYNERGISTIC TEAMS

The final stage of goal attainment for building effective teams is synergistic team performance. Synergistic teams function continuously and regularly at a high level of function, achieve outcomes regularly, and operate in a manner that is satisfactory to team members and to the organization. Peak-performing teams have methods and mechanisms for addressing their issues and concerns in effective and meaningful ways. Peak-performing teams have mechanisms in place for continuing their motivation and ensuring the appropriateness of their actions, activities, and relationships with each other and the organization, as well as other teams in the system.

Staying Motivated

Maintaining the motivation of the team as it works to operate as the modus operandi of the organization is critical to good functioning. This requires a continuous encouragement of participation and ownership, investment, and involvement of all of the members. It requires the leader to continually reenergize and reengage the players in the process of deliberation in building their relationships with each other. Obviously, reactivating and reinitiating team processes, changing the dynamics of team interaction and

BOX 4-5

Essentials of Decision Making

- Good decision methods
- Solid information
- Good support system
- Critical thinking skills
- Good evaluation processes
- Validation of learning/application
- Good error assessment
- Effective corrective action process
- Effective collective deliberations
- Meaningful feedback loops
- Good management support structure

Synergy is achieved when the parts, components, or people are working together such that the sum of their actions together is greater than the combined force of their actions separately.

Motivation is not the responsibility of the manager: it is the obligation of each individual. The leader simply provides the opportunity to converge the changes in the organization with the mindset of the team. Each person is responsible for the work of clarifying and committing to the changes that affect his or her life.

Staying centered on the purposes and objectives of the team's work is central to the team's ability to thrive and grow. Nothing is worse than losing sight of the purpose of the team and getting lost in the process. When that happens the whole world of the team becomes the latest events and processes, and meaning disappears. It is the obligation of team leadership to continuously validate the team's understanding and work around the purposes that give it meaning.



TEAM TIP

4.1

Celebrate Success

Success should be celebrated.

The small, incremental successes define the strength of a team.

Every team should take a moment in its process and work to celebrate the successes that enumerate the team's value and contribution to the patient and the system. Failing to acclaim the successes achieved along the way leads to failure to recognize real contribution and ultimately affects the creativity, enthusiasm, and motivation of every team member.

method, and continually challenging the team to higher levels of performance are the requisites of leadership as a team reaches peak levels of performance. Leadership will require continual renewal and advancement in terms of learning about techniques and processes that engage the team and challenge it to further and growing levels of development and improvement. This requires leaders to remain one step ahead of the challenges and circumstances that can diminish the team's enthusiasm or slowly destroy the team's effectiveness.

Staying On Track

Keeping the team on track in terms of its purpose, mission, goals, objectives, and direction will also be an important part of the team process. Leadership will have to continue not only to stimulate the team, but to evaluate the team with regard to performance and outcome. Certainly, outcome will determine the effectiveness and value of the team and its work. Validating the processes and practices of the team against the outcomes anticipated and achieved becomes a critical evaluative process that determines just how effective and valid the team process has been. That method will continually be a part of the team's obligation to its own commitment. Satisfactorily achieving its goals should also be a source of renewal and heightened interest in advancing its work.

Celebrating Success

Finally, it is important for the team to celebrate successes as it advances (Team Tip 4-1). The successes that it looks at should be celebrated from the very inception of the team process. From small successes to the great successes of team accomplishment and outcome achievement, each member of the team should be able to enumerate his or her contribution to the successful development of the team process. One of the greatest problems with team enthusiasm and commitment over the long term is the fact that team celebrations are not undertaken within the context of work. Therefore work eventually becomes looked at as tedious and routine, rote and uninspiring.

Celebrating and joining with each other in moments of acknowledgment of accomplishment, growth, change, and advancement becomes a way of stimulating and developing the strong relationships of the team and its commitment to its ongoing success. Developing personal relationships and building the dynamic of that relationship can only be enhanced through the process of encouraging periodic and frequent celebrations of success.

Each of the four steps of team building is critical to the initial phases of developing team growth. The foundations that are established for team effectiveness become the critical base on which the team will grow. If flaws or failures, inadequacy or inability to address the key fundamental issues are not taken care of in the initial stages of team development, they will come to haunt the success and effectiveness of the team in later stages.

Team leadership must be aware of the necessity for establishing firm underpinnings for the unfolding activities of the team. In the process of undertaking teamwork there will be ample opportunities for challenge, conflict, uncertainty, and further refinement and development of the team. That can be expected as the ongoing dynamic associated with developing and maintaining team processes. Attending to the basic four steps that undergird the development of teams can ensure a strong foundation on which subsequent teamwork can advance and improve both the actions and outcomes of the team and the organization.

THE UNIQUE CHARACTER OF INTERDISCIPLINARY TEAMS

In health care the focus on interdisciplinary activities is becoming an increasingly important part of structuring team-based work. Many organizations have broken down the departmental, compartmentalized, vertically defined structures of the organization in an effort to build more collaborative, cohesive, and integrated approaches to delivering patient care services. While some of these initial efforts have been successful, others have not. Defining the functions, activities, roles, relationships, expectations, and outcomes of these processes is an impor-



Small Successes

- *Good decision*
- *Conflict resolved*
- *Problem solved*
- *Patient satisfied*
- *Good team meeting*
- *Small cost savings*
- *New approaches worked well*
- *New procedure mastered*
- *Satisfaction survey improved*
- *Personal or team achievement obtained*
- *New learning, good results*
- *JCAHO likes what the team is doing*
- *Budget approved as submitted*
- *Degree/certification completed*
- *Doctors are happy*
- *Staff members are happy*
- *Another year of challenges well met*

Interdisciplinary better describes teams than multidisciplinary. It enumerates the character of relationship that is necessary to build effective teams. The unique character of teams reflects a strong emphasis on interaction between the members and the disciplines they represent.

BOX 4-6

Stages of Interdisciplinary Team Construction

- Each discipline is clear about its practice foundations and parameters.
- All team members bring to the table their expectations and perceptions of their work and contribution.
- The terms of engagement for the team are identified at the outset so that expectations are clear.
- The identity and framework of the team are articulated early to generate a new identity for the members.
- The work of the team is outlined regarding its members, relationship, and expectations for performance.
- Position descriptions, accountability, and role relationships are worked out among the members.
- The team implements, evaluates, and adjusts its role as it implements the team format in clinical service.

Interdisciplinary team formation has the same processes associated with it as any other team format, but it demands a commitment of the disciplines to join together in a common effort and agreement around the patient to ensure that all provider activity acts in concert in the patient's best interest.

tant first step in ensuring that there is a sustained and abiding growth in team-based approaches to delivering patient care. The challenges in doing so are many. It can be expected in every organization developing interdisciplinary teams that many of the aspects and characteristics of such teams will challenge the very foundations of the design and structuring of hospitals and health systems in fundamental and meaningful ways (Box 4-6). To build sustainable and valuable team processes resulting in meaningful clinical outcomes, much of what is currently in place will have to be challenged, adapted, and changed in many critical and fundamental ways.

Interdisciplinary teams cannot be sustained unless there is a critical balance between the character of individual members and the expectations of team performance. Much of the conflict in developing interdisciplinary teams arises in this arena of individual accountability versus the accountability of the team. It has not always been clear what the accountabilities of individual roles are, let alone what the aggregated accountability of the team is. The interdisciplinary team takes its focus and its foundation in clarifying the roles between individual team members and the collective accountability in the obligation of the team.

No one approach or formula can guarantee interdisciplinary team success. The culture of the organization, the focus of patient care, the character of the interdisciplinary interactions, and the purposes and roles of the team will all have an influence on the kind and character of interdisciplinary team development.

BUILDING ON FIRM FOUNDATIONS

The foundations of interdisciplinary teams should reflect the foundation for any team development. Many of the approaches covered in the first part of this chapter and subsequent chapters on team function, development, and efficiency also form the foundations of any approach to interdisciplinary activities. These firm foundations are critical to the establishment of effective relationship building in an interdisciplinary framework. Therefore

the following key elements will be essential to the firm foundations for any clinical team:

1. Structure of the team
2. Communication and interaction among team members
3. Effective team design
4. Clarification of accountability
5. Relationship building
6. Process activities
7. Terms of reference
8. Outcome-based evaluation

Each of the above requires specific activities to ensure that the underpinnings of the interdisciplinary approach are firm and can provide a framework within which specific interdisciplinary processes can unfold.

GOOD COMMUNICATION STRATEGIES

In interdisciplinary team building the communication between team members becomes critical (Team Tip 4-2). Each of the disciplines brings with it a frame of reference that is unique to its discipline. Therefore the language, thought processes, focus, and elements of practice are unique to each discipline. As team members come together around the same table they bring all of those precepts with them, requiring the formation of a common foundation, a common language, and a method of integration that will be necessary to sustain their relationship. Therefore communication technique and methodology will be critical to the success of the processes of developing interdisciplinary approaches (Box 4-7). Valuing each of the members and ensuring that everyone contributes to the team's success, and incorporating the language, culture, customs, and issues into the dialogue of seeking common ground, will be important parts of the interdisciplinary process.

Recognizing the differences that each team member brings is as important as trying to find the common elements. Specific and unique accountability and contribution will be based on these differences. It is expected



TEAM TIP

4.2

Team Meeting Tool

Good communication strategies begin with the use of a format or tools for communication. One essential tool for team-based interaction is the use of a flip chart. No team meetings should ever occur without the use of a flip chart. This tool helps clarify all processes and can evidence whether the work is leading to any outcome.

BOX 4-7

Group Communication Steps

1. Clarify the reason everyone is gathered.
2. Outline the time frame for the meeting.
3. Identify the agenda.
4. Define a method for addressing each issue.
5. Select techniques for full group participation.
6. Use a flip chart for process work.
7. Validate understanding and progress of work.
8. Restate decisions.
9. Certify that agreement has been reached.
10. Define follow-up activities, next meeting, and agenda.

BOX 4-8

Measuring Team Performance

- Determine a standard of performance.
- Define measurement criteria.
- Create a measurement tool.
- Fit the tool with the group's work processes.
- Define increments of measure.
- Ensure group understanding and acceptance of measurement process.
- Outline individual and group competence requirements.
- Enumerate consequences of normative and unacceptable performance in advance.
- Define mechanisms and processes for measurement and review.
- Evaluate, affirm, and undertake corrective action.

that these differences will be maintained. Unlike other teams, where there is a stronger integration of consciousness into the team framework, the unique disciplines contributing to the interdisciplinary team will have to be maintained throughout the team's process, and these contributions will have to continually be identified as unique and appropriate within the context of the disciplines' contributions.

Team performance should continuously be measured. Measurement of performance evidences clarity of understanding of its contribution to the outcomes of work (Box 4-8). Therefore clearly defined, discipline-specific, and integrated performance measurement processes must be incorporated into interdisciplinary teams. The performance evaluation processes require a 360-degree orientation so that performance measurement both inside and outside the discipline can be undertaken consistent with the expectations of the team. Therefore the team must have team-based evaluative processes, discipline-specific evaluative criteria, and organizational evaluation mechanisms that measure the team's performance against the objectives or outcomes to which it is directed. There are three levels of team evaluation: individual, coactive team, and outcome. These three characteristics are the critical elements of ensuring effective and viable performance within the context of the team in an interdisciplinary frame of reference

BOX 4-9

Three Levels of Team Evaluation

Individual. Performance of team members is the focus of this team-based and team-driven evaluation process.

Coactive team. The team is the focus of this evaluation and includes all members of the team evaluating the collective effectiveness of the activities and relationship of team members.

Outcome. This is the evaluation process combining the team and the system's review of the results of team activities and their "fit" with the goals and expectation for the team's work.

(Box 4-9). Performance measurements therefore will require a focus on outcomes, an ability to see the whole instead of parts so that the overall impact or effect of work is clearly identified. An indication of investment, ownership, and commitment to the process from the point-of-service throughout the organization and a depth of understanding of the contribution of each member of the team to the critical paths and to the outcomes are basic team requisites. Focus on outcomes, an ability to see the whole, investment in ownership, and a depth of understanding of the contribution to outcomes form the critical framework for the evaluative process in interdisciplinary teams.

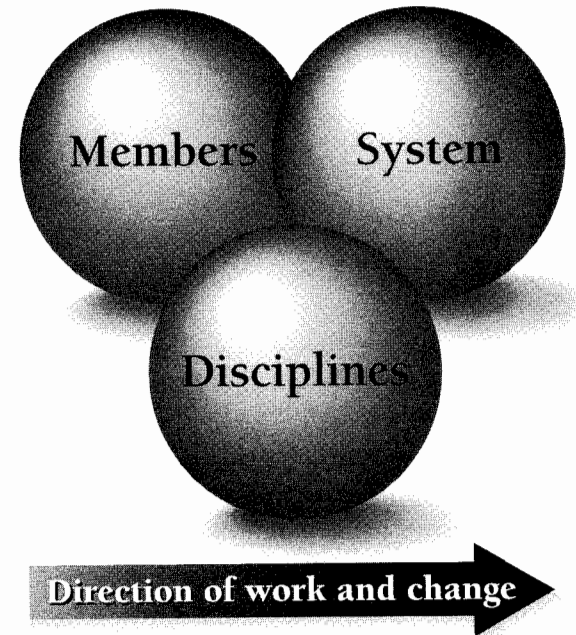
ESTABLISHING THE DISCIPLINARY PARAMETERS

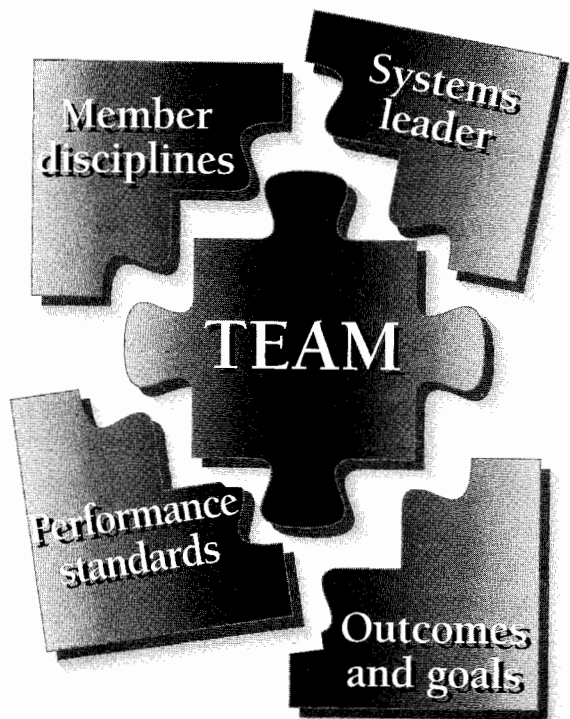
In interdisciplinary teams the parameters of each of the disciplines must not only be respected but clearly articulated. Each discipline brings with it a knowledge base, professional identification, service roles and activities, and a set of expectations unique to that discipline. These elements form the foundation for the parameters of that discipline. They must be as clear to team members as the interaction and integration activities of the team. The disciplines bring with them specific and clearly enumerated accountabilities that are a part of both their social mandate and their functional role. These mandates identify the discipline in a unique way that requires the discipline to be respected and honored in terms of the contribution that it brings.

Contrary to much of what is believed about interdisciplinary teams, it is not the intent of integration and team-based activities to diminish the impact, the role, or the value of any given discipline. Indeed, it is to advance that discipline and to ensure that it is incorporated consistently within the expectations of team performance and the measurement of team outcomes. The price the organization pays for this is less delineation of the team's functions and roles within a compartmentalized, departmental structure and more linkage around the point-of-service driven from the patient care culture into the organization rather than from the provider toward the pa-

Elimination of the unique contribution of the professions should never be a part of redesign or team formation. Teams respect the diversity of contribution that comes from their members with different perspectives and roles to play as team members. The integration of the unique contributions of each member brings meaning to the team and value to its accomplishments.

TEAM PROCESS REQUIREMENTS



TEAM INTEGRATION

The culture of the service defines the membership and diversity of the team. Each clinical setting will have its own configuration of service. This will require that the teams that are formed be unique to the needs of that service. Teams should never be consistently defined across the system. To do so defeats the purpose of team-based design.

tient. This means in essence that the disciplines begin to define themselves within the context of their mutual and unique contribution to patient outcomes rather than to clinical process.

Using patient outcomes and their impact on those outcomes as the anchor to their function or relationships, each discipline begins to identify itself more clearly in relationship to the other disciplines with which it associates. When it does so, each discipline begins to see itself in terms of its contribution to patient outcomes and its role in relationship to others who also contribute to those same outcomes in a differentiated way. Differentiated roles becomes the defining heart of the interdisciplinary team-based approach.

The challenge of these approaches is evidenced in the focus each discipline has on its function and activities. When it begins to focus on outcomes and the processes that it facilitates, each discipline begins to see that there can be a shift in functions and activities and the locus of control for many of those functions traditionally assumed to operate under the auspices of any one given discipline. Here is where cross-training, integration, multifocal service, and shared accountabilities begin to become more clearly defined.

As the disciplines mature in dialogue and within the context of team, they start moving away from functional, task-oriented delineations of work to more outcome orientations and relational understandings of the impact each discipline has on the team's outcome. In this way the focus from task and function shifts toward accountability and outcome. The shift in this focus provides a stronger basis on which to more clearly articulate the disciplines' relationships with each other, rather than simply the differences that each discipline bring to the relationship.

INTERDISCIPLINARY LEADERSHIP

One of the unique concerns of the interdisciplinary team is the need for good leadership. Often much of the leadership of interdisciplinary teams is provided by nurses and nursing. This is not because nurses are specifically