Teams cannot function independently of each other. In a continuum of services the interaction between teams is critical to the patient flow through the service system. Every team has a need to interact with others along the continuum of care and requires as much support in the process from each other as needed to facilitate the patient's flow through the system.

No one falls outside a relationship with teams in the system. The team connects the system to the patient. It is through the team that problems are identified and solved. All supports are designed to facilitate the effectiveness of the team. Anything in the system that does not support the team will always impede it.

Building Relationships between Teams

This book focuses on effective team functioning. The characteristic of that effectiveness is the relationship that exists between and among teams. For the most part teams develop within the contexts of their own pathways. The number, kind, and character of teams is determined by the complexity, breadth, and character of the pathway itself. In pathways where there is a relatively narrow frame of reference with regard to services, there are few team differences along the pathway. However, in those pathways where there is a tremendous amount of variability and clinical work, such as in women's health or behavioral services, there are widely variable teams, depending on the patient's needs, the locus of service, and the breadth of services that are offered by the system. Also influencing effectiveness is the communication of teams across pathways as subscribers or patients move from one clinical pathway to another, driven by circumstances or clinical condition. Here again, the information infrastructure is critical to cross-pathway team communication. Although the interface of the teams is relatively limited and short term, the communication of essential information, clinical activities, and issues regarding patient needs is a predominant focus of communication across pathways. This can be supported through the effective design of the clinical information system and the method for documenting care.

Team-based relationships will become vitally important within pathways. Moving the patient along a continuum of care within a clinical pathway demands that teams are able to communicate effectively within a pathway along that continuum of care. The information infrastructure is certainly of value to ensure that the documentation of services along the continuum is clearly enumerated, well identified, and communicated effectively. Still, mechanisms for relationships and building a strong service interface along the continuum are important to the effectiveness of the clinical pathway.

A focus on the following issues is important to the effectiveness of team-based relationship along the continuum within specific service pathways.

1. The service pathway has a clear mechanism for interfacing team leadership from the pathway across the continuum in making policy decisions regarding patient flow and communication strategies.
2. A continuum-based communication design, constructed by the pathway council (made up of team leadership and other team members), whose purpose is to ensure effective communication flow across the pathway and identification of problems and issues associated with implementing, exists.
3. The pathway has in place a mechanism for continually assessing the quality of communication and the flow of patients along the continuum of care between teams and within the pathway as a whole. Design of an effective evaluation system keeps team leadership focused on identifying and resolving issues that constrain team interface as a part of the team's ongoing and operational obligations.
4. Resolving problems in patient flow that relate not only to team interface within the pathway but intersection with diagnostic and therapeutic services that fall outside of the pathway is a critical part of flow problem resolution. Leadership from diagnostic and therapeutic services not aligned to the pathway is involved at the point-of-service with team leaders to resolve issues of flow and interface with services around the patient pathway. The frequency of these sessions is driven by data that generates out of the evaluation process.
5. Team members must have the opportunity to evaluate the efficacy of the information system in relationship to three issues: (1) access; (2) the viability of the data; and (3) how it facilitates the mobility and interaction of the providers. The information infrastructure will go far in eliminating many of the database problems affecting patient flow. However, unresolved issues related to information generation can create critical noise along the patient's pathway and between and among team members.

Finally, it is important that problems or issues of concern between and among teams that relate to relationships, personalities, competence, or ef-

All decisions regarding the work of the team should be made by the team. All issues with regard to clinical activities and standards belong to the team. Performance expectations regarding the work should be clear and consistent for all team members.

The key purposes of clinical teams are to:

1. *Integrate the providers around specific patient populations*
2. *Configure providers to create a horizontal linkage to each other to make communication easier and better*
3. *Link the work of essential providers around one standard of service and plan of care*
4. *Focus the energy and work of providers on their service, not on trying to survive the system*
5. *Bring decision makers together to create efficiencies and improve the "fit" of their decisions with each other*
6. *Strengthen the work relationships between providers, focusing them on the mutual outcomes and supportive processes*

Teams have a horizontal perspective, seeing their relationship across the system rather than up and down the system. Relationship (horizontal) in teams is more important than control (vertical).

The team is the focal point of accountability. Team members are obligated to develop their skills in decision making and in unfolding their work. The ability to achieve sustainable outcomes depends on the team's willingness to own its work and the outcomes it produces.

fectiveness also be addressed as a part of the service pathways operation. Performance evaluation should also look not only at the team function, but at the interface of team activity within the pathway itself. Focusing at the performance of the pathway helps orient the minds of clinical leaders in the pathway council regarding the efficiency and effectiveness of the pathway. This occurs in light of the outcomes the team achieves in facilitating the patient's journey, enhancing the experience of the patient along the continuum, and meeting the clinical outcomes anticipated through the patient's experience with the clinical pathway. This gives a frame of reference to the teams that is broader than the work of any one team and orients the mindsets of team leaders around their relationship within the context of the patient's pathway. In this way the team focuses less on its identity with regard to its own membership and more on its identity and relationship with the pathway and the patients it is directed to serve.

THE CLINICAL MODEL OF SERVICE DELIVERY

Any organization that wishes to create a sustainable framework for delivering its service must operate within the context of models that result in excellent practice, with normative outcomes of high level of satisfaction and ideal levels of health for its subscribers. Building team-based approaches to care should affect clinical performance, resource use, the quality of outcomes, the character of service, and the speed with which subscribers can obtain what they need from the system. Within this frame of reference the design of the care model or critical activities of care becomes critical to the organizational system.

Processes associated with reengineering and restructuring the system become the framework within which new approaches to delivering care unfold. Clearly there must be a model within which the system unfolds its care and evaluates the effectiveness of that care as it begins to define the character of its system. Within the context of that framework that model must interface well with the priorities and strategies of the system. The model must build around the consumers to whom it has directed its service structure, and it must build an organizational structure that supports

the kind and character of service it provides to its community of users. Several components to the delivery of care must be identified to ensure that care delivery can unfold.

The three basic components of the care delivery model are the care delivery framework, interdisciplinary relationships, and the growth of practice in the system. These are the cornerstones on which the care delivery system can be renewed and continually addressed within the context of meaningful and viable patient care outcomes.

Elements of the Model of Care Delivery

A number of issues must be addressed regarding care delivery to make sure that all components of care are undertaken and incorporated within the context of team-based behaviors. Each team will have an obligation for developing its functions and activities and for clarifying its critical paths and continua of services, its responsibilities, and its quality requirements, as well as its clear delineation of the accountabilities of various players within the care delivery system (Box 7-10). Each of these elements is important to

BOX **7-10**

Managers will have to help teams interface well with each other by:

1. Identifying barriers to their communication across the system
2. Breaking down control systems that keep teams from accessing each other easily
3. Facilitating the construction and generation of good information, which helps the teams work better and more efficiently
4. Identifying conflict early and working to short-circuit it before it becomes a serious impediment
5. Removing departmental "silos" that limit access and communication across the system
6. Making sure that teams have the right information to make good decisions
7. Evaluating the effectiveness of the team's relationships both inside and outside the team

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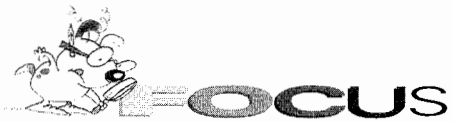
Giving teams obligations without accountability and authority ensures that the team will not succeed. Most of the decisions made in the new health systems have to be driven from the point-of-service. The members of the team must have both the skills and the ability to make effective decisions affecting the functioning of the system. They must have the power necessary to make them!

Designing the model of care at the point-of-service is the most critical activity of any team. The approach to providing service is one of the most transparent ways for patients to evaluate the quality of the care from their perspective.



Do You Have Trouble Connecting Teams?

If you have trouble connecting teams, perhaps one of the following is at work:

- *No real communication method has been incorporated into your team's function.*
- *The teams see no reason yet to be connected to each other.*
- *The managers are not getting along.*
- *Team members are not working well together.*
- *The continuum of care between the teams is still not well defined.*
- *Teams do not like each other.*
- *There has been no expectation that the teams communicate. The skills necessary to interrelate are not yet present.*
- *The teams are in their formative stages and still need some time to develop.*

the design of the system in a way that addresses the effectiveness of both those who provide the service and the system itself as it provides the framework for that system.

Perhaps the cornerstones of the elements of care processing are those critical paths or care delivery components that 90% of the time can be clearly articulated around which each member of the team can configure his or her practice. If point-of-service delivery is to achieve advancement of clinical practice and to move decision making to that point-of-service in pursuance of that goal, obviously mechanisms must be in place that address changes in current practice to create integrative models of practice.

Developing Tools

A framework or format must have incorporated into it standards of service or care, accountability delineation of each of the providers on the team, the quality of measures that indicate performance against the expectations, and the aggregated responsibility of the team. The team must commit to achieving the outcomes it determines best represents what can be done within the context of delivering service. This approach to delivering care organizes and systematizes it in a way in which the critical paths or best practice framework can result from the delivery of service in a meaningful way that can be continued and replicated over a number of patients within the same pathway.

Clearly, the goal of defining a system for care delivery is to ensure that the desired outcomes are achieved and replicated in patients over the pathway continuously. Therefore the following questions arise in the design of care delivery:

- What practices or activities can best reproduce the outcomes expected?
- What is the clinical decision process that supports that?
- Who makes those decisions?
- What are their relationships to each other?
- How clear are their activities in relationship to each other?

- How are they documented in the information infrastructure to make sure that the activities, functions, and processes associated with care result in some measurable and meaningful outcome that can be visualized and evaluated by all members of the team?

The patient is the center of all activities in defining response to patient need. Focusing on the patient's pathway for the continua of services required within the pathway means understanding the patient's needs all across the setting, and what activities will be necessary to meet those needs within the cost as well as the service framework available. To avoid fragmentation of service integration of the activities of the professionals must be identified in the care system.

Increasingly, issues of case management—managing the patient's continuum, mapping the services that are necessary to ensure the patient's

Leadership needs to ensure that the team can enumerate its accountabilities for patient care and will follow through with expectations.

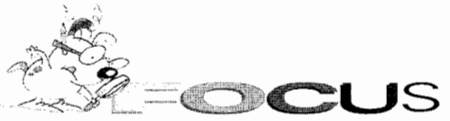
Stage 1: There is a clearly defined set of team expectations for each member's role.

Stage 2: Team is clear about its accountability for patient care and the authority it has to make decisions.

Stage 3: There are good monitors for assessing the congruence of the team with its role and results.

Stage 4: Corrective action strategies are clear and timely when response is required.

Stage 5: The standard of excellence identified and achieved by the team can be replicated, and the team is able to raise the standard.



Team Development Stages

Stage 1: *Team role and purpose are worked out with the members.*

Stage 2: *Team relationships, rules, and interactions are defined early in team formation.*

Stage 3: *The work elements, critical paths, protocols, and outcome delineations are defined and refined for implementation and evaluation.*

needs are met, and evaluating the relationship between process and outcome to determine tightness of fit—are significant parts of clarifying the care delivery components necessary to an effective team-based system.

At the pathway level team membership must focus on a clinical system that represents the accountability of each of the teams along the continuum of care so that each team is addressing its component of service along the patient's pathway. Therefore the pathway leadership needs to focus on the following issues:

1. How is patient care coordinated across the continuum for a similar group of patients who require a specific series of activities to meet their needs?
2. How does leadership make sure that each of the teams continually achieves consistent processes across the continuum of care that result in a tight fit between the processes and the outcomes?
3. How does each team ensure that the mix and outlay of resources is appropriate to the demand of service within the context of the critical path it has constructed for specific patient populations?
4. What mechanisms are put in place at the team level to ensure an ongoing evaluation of the effectiveness of the team's work and an ability to intervene immediately when the processes or the outcomes do not evidence a high level of fit?
5. Evaluate the effectiveness of each team member's role and function within the context of the team expectation for that member's functions, activities, and performance. Each of these provides the framework for ensuring that the activities of all team members fit the prevailing design and expectation for service within each critical path or best practice determined within the pathway.

Teams represent the organization's commitment to the belief that it comprises a community of knowledge workers who have converged around a common purpose to achieve excellent clinical outcomes.

Clearly, the move to best practice indicates the pathway's commitment to use of a systems approach to delivering patient care. Through the development of the best practice format a consistent framework is provided within which the performance of both team and individual members can be clearly enumerated. Incorporating this into the information infrastructure and creating a documentation system that supports the best practice

Keeping the patient at the center of the team's work is a necessity if a sustainable outcome is to be achieved. Some organizations have unique ways of ensuring that happens:

- *The patient is directly involved in specific care planning with the providers.*
- *Patients are a part of designing the critical paths for each clinical service.*
- *Patients are asked to evaluate their experience within the care path format.*
- *Patients are a part of the team evaluation of its own role and behavior toward patients.*
- *Patient's family members assess the team's responsiveness to them and their incorporation into care activities.*

format and can be used for evaluating the effectiveness of the team's approach to care delivery strengthens the ability to deliver the service, replicate the standards, and evaluate the effectiveness of care delivery. To ensure that a thorough and consistent approach around care delivery has been defined, incorporated in each of the components must be issues that relate to the use of resources, the accountability of each of the providers within the context of the team, the outcomes expected of each team, the standards that are consistently applied both from the disciplines and when aggregated by the team as a whole, and the measurement and evaluation of outcomes within the framework of specific patient populations.

Interdisciplinary Practice

Effectiveness within a clinical model cannot be obtained without mechanisms in place that address the requisites of interdisciplinary relationship.

TEAMTIP 7.2

Partnership

The best way to teach partnership to others (including doctors) is to model it in your own behavior. If true and sustainable partnership between team members is evident, others will soon recognize it and seek to relate to you. In the face of stressors, real partners pull together instead of fall apart. Unity is the sign of vigor in real partnerships.

Issues around communication, documentation, normative practice standards, shared decision making, and team-based relations are all elements that must be incorporated into the interdisciplinary framework for practice. Models should relate to building the relationship between the disciplines at the team level and across the pathway. They should interface with the learning plan and the individual agendas at the team level. Models should also work at the pathway level for building a learning dynamic that results in stronger relationships and a clearer configuration of the teams and individuals around best practices and clearly delineated patient outcomes.

Perhaps the most difficult component of integration of the disciplines will be around integrating physicians into the disciplinary framework. A number of changes occurring in health care will facilitate the integration of physicians across the continuum of care (Team Tip 7-2). These elements of change are creating some of the preconditions that will help pathway and team leadership in the process of coordinating and integrating physician practices into the team-based process.

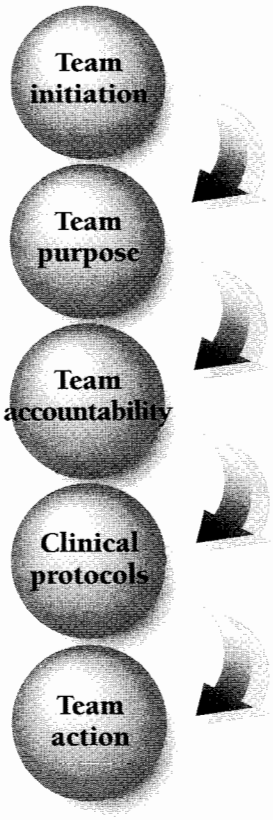
Physicians do not learn partnered practices as a part of their developmental process (see Chapter 1). Therefore part of a learning plan will be devoted to developing skills of physicians in partnership arrangements out of unilateral individualistic entrepreneurial approaches to health care practice. Increasingly, payment structures, service frameworks, and organizational designs are built on the assumption that the physician will be a more integral part of the team-based approach to delivering care. The partnership of the physician is critical to the sustenance and advancement of care delivery in a subscriber-based organizational system. The role of pathway leadership, as well as team members, is to facilitate as much as possible the journey of the physician from individualistic nonaligned practice frameworks to partnership team-based approaches to care delivery. This requires participation and education, mentoring and networking, partnering activities, facilitating the transition in behavioral patterns, and persevering in a relatively emotionally charged and challenging process of building relationships that have not previously been configured in a team-based framework.

Although it is clearly the obligation of all professional services and disciplines to be building the relationship, physicians are the most difficult because of the traditional relationship the physician has had with the health care system. However, elements of difficulty with regard to physicians are imbedded in developing relationships between and among all practitioners. The challenges in building structures, learning processes, support systems, accountability expectations, and demands on individuals and teams is ensuring that collaborative and integrative practices become the model of care delivery and service relationship at the point-of-service and across the continuum of care within any given health system.

To build the high-performance, team-based relationships that are necessary, focus on the following elements will be critical to developing effectiveness:

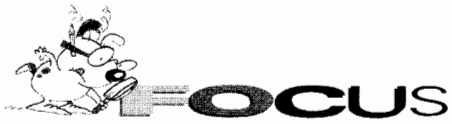
1. Individuals must know that their own development and learning is a lifelong process that is a continual expectation of their growing, practice, activities, and relationships.
2. Individuals must recognize that there must be a match between their knowledge base and skill enhancement and the strategic and learning goals of the organizational system to ensure that there is a fit between the individual performance of the practitioner and the outcome expectations of the team.
3. Individuals have an increasing obligation for dialogue, negotiation, conflict resolution, problem solving, and solution seeking. This must unfold in each one's relationship to the other as a part of the team-based group dynamics.
4. Every individual member of the team is expected to focus on outcomes. The relationship between the team member's activities and outcomes to which they are directed must always give form to the thinking and functioning of every team member.
5. No practices are constant or continuous or exempt of the requisites of change. Outcomes will define the viability of any individual or team action. Adjustment of activities and functions both at the team and the in-

TEAM DEVELOPMENTAL CYCLE



Team members must be able to function across their disciplinary boundaries. Each discipline believes it is guiding the others across the continuum of service. The truth is, no one has responsibility for someone else. Each team member has a specific role and contribution to make, which must be clear and for which each member must be accountable.

The goal of the team is to ensure that the best practice of the providers is available to those it serves. Real value demands that the best balance between resources required and care needed be achieved by those who do the work of care. Team members must live that relationship in all they do.



Physicians are no longer outside the cycle of accountability and relationship. The team is now the format for all clinical relationships. It will take time and effort to help physicians operate as members of the team rather than "captains" of the process:

- *Bring willing doctors into the teams first.*
- *Build doctor involvement around clinical process, not administrative activity.*
- *Put the patient at the center of the team's focus and dialogue.*
- *Use the "best practice" approach to keep doctors interested.*
- *Make sure the physician has clear accountability and that the team has some expectations for performance.*
- *Hold the doctor to his or her accountability, and reinforce the doctor's membership on the team.*

dividual level will be required as the outcome delineations demand such adjustments.

Each of the above addresses both team and individual performance. Here again, the tightness of fit between the individual and the team activity and the activities of the team with the pathway are critical moderators of the successful unfolding of a team-based approach to delivery of care within the model of care. The team's commitment and the individual's activities must resonate with each other around the care delivery process, the best practice framework that has been developed within the service pathway. This tightness of fit is the measure of the effectiveness, efficiency, and viability of the team-based approach to care delivery.

CONTINUING DEVELOPMENT AND THE ADVANCEMENT OF PRACTICE

Commitment to individual and team learning are essential to the viability of team-based approaches and point-of-service design. However, it is not only the individual commitment to this process that needs to be stressed. The system's commitment to the advancement of practice within the model of care delivery is important to the integrity of patient care services (Box 7-11). At the service pathway level within the context of the team and with individuals' continuing commitment to the advancement of practice, the development of knowledge and the consonance of individual behaviors with the learning plan are critical elements in the successful unfolding of a model for care delivery.

As best practices continue to unfold and get better defined in the information system, they serve as the database for advancing the knowledge, practice, and understanding of individual team members and of the team as a whole around the needs for continual learning. Indeed they identify the content of continual learning that will need to be the focus of learning activities of each member of the team, as well as the team as a whole. Standards of practice cannot be advanced or raised without a concomitant improvement in the practice activities and standards of those who unfold

practice. Therefore continuing attention to the learning equation and to developing the activities of clinical practice around the continuum of care becomes important work at the team level and at the pathway level within each service pathway.

The scope of learning and the activities related to learning depend entirely on the issues that center around the following questions:

1. How tight is the fit between what I know as a practitioner and the demand being placed on my role?
2. What do the outcomes of our best practice approach to delivering care and the care model tell me about my contribution to them?
3. What plan of growth do I have for my own career to position me to be more viable in the delivery of health care services and as a team member?
4. What deficits in the outcome of care form the foundation for a learning plan that affects my own practice and my own learning strategies?
5. What is the learning plan for the service pathway, and how does my individual learning plan fit the demands of team development, the improvement of the care delivery model, and my own performance as a member of the clinical care team?
6. What is my long-term goal for learning, development, and career advancement?

The above questions form the framework for an individual team member's obligation for addressing her or his own learning within the context of the service pathway and the team's function. Also, these questions tie the activities of the individual to the clinical model. The model of care delivery, the best practices that enumerate it, the relationships between and among the providers, the fit of clinical process with the desired outcomes of care, levels of patient satisfaction, and the evidence that suggests the high quality practice at the team level all serve as the template within which the individuals practice. This has an impact on the team's activities and relationships and the service pathway's commitment to the continuum of care.

BOX **7-11**

Advancing Practice

It is the responsibility of every professional to advance the practice of his or her profession. The services that are provided to patients will be enhanced and improved by

- Raising standards of practice
- Improving patient services
- Enhancing the quality of care
- Challenging rituals and routines
- Advancing expectations for performance
- Producing higher-level outcomes

The real value of the work of the team is always evidenced in the outcomes it achieves, not the processes it puts in place. As with everything in life the results of work give evidence of its value.

The objective of the system is to bring into a high degree of congruence the intent of the individual professional and the purposes of the organization. Each is committed to service; therefore both must have the same goals for those they serve.

WORDS*of* WISDOM

Building the future occurs with each little act that responds to each day's changes.

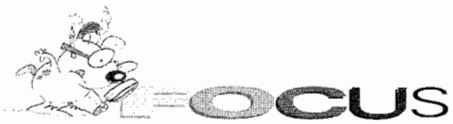
~

INTEGRATED SERVICE SYSTEM

Each component of a service delivery system has a direct and abiding relationship to each other and an impact on each other. Indeed, they provide a seamless linkage across the continuum of service that affects the way decisions are made and the sustenance of the organization around the subscriber for whom the service is designed and the system is configured.

Each of these arenas of decision making affects the efficacy and viability of the service provided by the organization. It is the obligation of leadership not only to see the relationship between them, but to build the constructs which ensure that they operate in a continuous and effective way. The system's ultimate obligation is to support its mission and purposes. Further, all elements of the system must converge to render support for that mission and purpose.

Ultimately, the purpose of any service system is to provide service to the subscribers who use it to create a tightness of fit between the structures of service and those who receive it. This seamless interface between each of the components outlined in this chapter is a foundational requisite for the effectiveness of an integrated point-of-service and team-based delivery system. In conjunction with the other elements of team-based approaches identified in this book it forms the foundation for system success.



The model of care should reflect all the processes and structures that led to it. Included in the model are all the elements of:

- *Standards of practice*
- *Dialogue between the disciplines*
- *Protocols*
- *Specific role expectations*
- *Team-driven processes*
- *Critical path work*
- *Outcome delineations*

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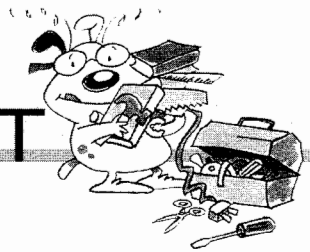
CHAPTER 7

TOOLCHEST



TOOL A: Team Meeting Checklist

All meetings should have a framework and a format for their unfolding. All too often health care meetings are called simply to have conversations or to discuss a number of issues with very few guidelines, rules, or processes in place to discipline the meeting framework. Meetings are the keystone for successful group process; therefore setting up for meetings to make them effective and productive is critical. This checklist serves as the foundation for ensuring that all of the elements are in place for effective team meetings.

Instructions for an Effective Team Meeting

Setting Agendas

Every meeting should have a specific agenda. There should not be more than three to five items on the agenda. Any more items than that generally ensures that the meeting cannot be successful in achieving all of its outcomes.

The meeting facilitator should check off the following items in relationship to the agenda:

1. Agenda topics are clear and specific.
2. Those presenting at the meeting have been clearly identified and know what they are doing.
3. A timeline has been established for each agenda item.
4. Each item has been identified as either requiring discussion, making decision, or simply for information.

Facilitator's Role

Every meeting should have an informed, capable facilitator able to guide the meeting through its activities. The facilitator should be able to check off the following:

1. The agenda is concise, brief, and appropriate.
2. The timeline has been clearly identified and will be adhered to.
3. The ability to get dialogue and discussion from each participant is acknowledged. Disciplined dialogue processes are incorporated into the process of the meeting.

Minutes

Minutes should be provided. They should be as brief and as complete as possible. The best format for minutes is bullet model rather than paragraphic design. The minutes should represent the following items:

1. Describe in the minutes each of the agenda items identified with action included.

2. Specific points or items related to the agenda should be enumerated in the meeting.
3. Individuals making key points or moving for decisions should be identified.
4. A continuous format for minutes should be adopted early in the meeting process.
5. As much as possible, meeting minute taking should be rotated among members.

Discussion Elements Identified

All discussion should be disciplined and effective. There should be few conversations, long-winded presentations, or diversions from the agenda items in the issues. The following should be used as skills in ensuring effective meeting process:

1. Seeking clarification. All issues should be clarified so that common understanding is achieved from all of the members.
2. Monitoring dialogue. The facilitator should be clear that all participants can be heard from, but that their comments are specific, concise, and to the point of the agenda.
3. Opportunity to listen should be provided in the format of the discussion so that people can hear the exploration of notions or ideas related to the agenda item and respond to them.
4. Summarization. The chair or facilitator should clearly summarize points as they are made before making decisions so that the team understands the content of their discussion.
5. Prevent diversion and digression. The facilitator should ensure that the discussion stays specifically focused on the agenda and related issues. Broad-ranging discussion or conversation should be avoided.
6. Keep to the time frame. Each agenda item has a specific time frame. The facilitator should monitor that time frame, discussion, and related decisions.
7. Find generalized consensus. At the end of a discussion, determination of where the group is in relationship to the issue or decision being made, levels of agreement, and outstanding issues should be identified.
8. Ending the meeting. Following decision, time commitment, or the termination of the meeting, understanding of the activities accomplished at the meeting, where the participants are, and the next meeting time or follow-up of the meeting should be identified by the facilitator consistent with the expectations for the closure of the meeting.
9. Meeting evaluation. The facilitator and key members of the team, observers, or other leaders should momentarily assess the mechanics, dynamics, and process of the meeting to determine its effectiveness and to identify ways in which the next meeting process can be improved.

TOOL B: Team Conflict Resolution Exercise

The purpose of this exercise is to help a team identify and resolve conflict within and among its members to move to solution and to maintaining focus on the work of the team.

- Group size: a team of no more than ten (10) members
- Time: 2 to 3 hours
- Environment: a meeting room with one large table

- Supplies: a flip chart, blackboard, colored pens or markers, and masking tape

Instructions and Activity

The facilitator explains the purpose of the process, identifying as specifically as possible the appearance of the conflict as he or she identifies it. The facilitator outlines various conflict resolution strategies and the impact of unresolved conflict on the dynamics and work of the group.

At the end of the presentation, the group facilitator divides the team into two halves, breaks the team up, and sends them to opposite sides of the room. The team facilitator then asks two questions:

1. What is it about the behavior of the members of the other group that concerns us, creates difficulties with us, or simply impedes with the work of the team? *Note:* Be as specific as possible with regard to the behaviors, but do not identify the individuals.

After deliberating and laying out on the flip chart the answer to the first question, the group asks itself a second question:

2. What is it about us or what we do that creates problems or barriers to group process, consensus building, or problem solving in the group's activity or work? Identify the responses to these in the same way that you identify the responses to the previous question.

The two group halves come back together again with their flip charts and information. Each group shares the answer to their first question with the other and then follows with the answer to the second question with the other. The group facilitator guides the group through a discussion of the issues and helps them identify the key issues that are the focus of their conflict. The priority conflict issues are identified in this process.

The group breaks up one more time and again takes the priorities identified and begins to strategize the solutions and responses to them and places them on the flip chart. After about 20 minutes of discussion the group returns to the table and brings the results of their discussion with them. The facilitator works with the group to identify the responses to the priorities and to begin to get consensus around actions and activities related to those responses.

The activities are identified, the commitment to undertake them is enumerated, focus on behavioral or group change is identified, a time frame for responding and measuring response is indicated, and the meeting is called to a close. In subsequent meetings the decisions made by this process are identified for evaluation and assessment of progress or adjustment and change.

TOOL C: Team Time Management Profile

Time management is always one of the more critical issues in team process. Team members and teams as a whole generally indicate that time is something that not a lot of people have in surplus. Therefore good time management strategies are critical to the success of the group. Being able to address the issue of time is also addressing the issue of effectiveness. Therefore this time inventory provides an opportunity for the leadership to focus on the major issues of time and to rate them.

Instructions: In the rating score between 1 and 4 (1—never; 2—sometimes; 3—often; 4—always) the leader should indicate the level of priority of frequency she or he attaches to the time-based activities identified in the profile. The score that she or he gets indicates the kinds of response or priorities she or he should apply to individual time management for managing the team's time.

1. I always set aside appropriate time for the team meeting.
2. I have a tightly planned team agenda to make sure that the team focuses on its work.
3. I know where all of the team papers and documents are and can find them immediately.
4. My schedule incorporates the time spent on team interaction and meeting.
5. I have a clearly defined "to do" list in relationship to team activities.
6. I am able to take on several tasks at one time.
7. I find myself losing sight of short-term goals in the interest of long-term goals.
8. I find myself losing sight of long-term goals in the interest of short-term goals.
9. I am able to stay concentrated at team meetings.
10. I spend time focusing on preparing for the team meeting, to spend less time at the team meeting.
11. I map out the steps of discussion and dialogue in advance of having it, to make good use of time.
12. I establish time frames for each specific agenda item before meetings.
13. I identify four team members' time permitted for discussion.
14. The team identifies specific time goals for each team action.
15. Each team project and activity has a specified time frame.
16. I evaluate critically each team goal and action within the time frame for completing it.
17. I follow up with team members assigned to specific activities to ensure that they are on time.
18. I make sure all team members are present at team processes to ensure general achievement of outcomes in a timely way.
19. I start meetings on time and end them on time.
20. Discussions are specific, to the point, and brief.
21. I always use a flip chart for externalizing the dialogue and identifying key points.
22. Priorities are established efficiently and consistently in the decision-making process.
23. I plan for meeting presentations to be efficient, timely, and to the point.
24. I meet with all personnel presenting at meetings ahead of time to reinforce the timeliness and succinctness of each presentation.
25. I evaluate the effectiveness of each meeting to determine the appropriate use of time.

Each participant should look at the numbers attached to each of the time priorities identified above. If there are a number of 1 and 2 items, prioritizing those in terms of developmental work on the part of the leader will help further refine and develop her or his skills. Using this profile helps focus on developing the skill base for time management in the context of the team format.

TOOL D: Getting the Team Unstuck

J. R. Katzenbach and D. K. Smith* identify that teams can get stuck in their process and need some specific work to be able to move on and continue their work. Several activities on the part of team leaders are required to ensure that the team is able to do its work and to do it without getting stuck on some of the processes that create issues of concern. Following are the most difficult issues that create a sense of being stuck in teams requiring assessment:

1. *A loss of purpose or meaning*
   - Does the team remember why they have gathered together?
   - Is the team clear about what its fundamental work is?
   - Can the team tie its functional activities to its purpose?
   - Has the team been caught in its incremental activities, forgetting the general direction of the team?
   - Are the team's goals still clear?
   - Does the team still understand and agree on why they are working together?
2. *A loss of integrity and commitment*
   - Has conflict caused the team to lose its way?
   - Have team members been diverted by situations and issues between and among members?
   - Have unresolved past issues accumulated so that purpose and meaning have been sidetracked?
   - Has the team moved from disciplined dialogue into broad-ranging conversations producing no outcome?
   - Have personality, role, and function issues impeded the team's ability to focus?
   - Has anger, discord, or conflict become the focus of the team's activities rather than its original purpose and mission?
3. *A diminished skill base*
   - Is the team able to undertake its work?
   - Are team members expressing deficits in their skills to do the work of the team?
   - Is the developmental level of the team sufficient to the activities and work before it?
   - Is the competence of members around team process clear and appropriate?
   - Are the disciplines of dialogue imbedded in the discussions and decisions made by the team?
   - Are the processes and the work of the team consistent with the outcomes expected from the team?
   - Is the team competent to fulfill its purpose?
4. *Inadequate leadership*
   - Are the team's leaders competent to undertake the process of the team?
   - Is the team leadership consistent with the expectations for team process?
   - Are the disciplines of good leadership apparent in the team's leaders?
   - Is the leader competent to undertake the dynamic processes of team dialogue and decision making?
   - Are the personal skills and attributes of the team leader impeding or facilitating team process?

* Katzenbach JR, Smith DK: *The wisdom of teams*, New York, Harper Collins, 1993.

- Are the knowledge level and learning foundations for team leadership apparent in the roles and skills of the leader in the process of teamwork?
- Does the team respect the contributions and role of the team leader?

5. *The impact of external pressures*
   - Is the team able to do its work?
   - Are the goals of the organization overwhelming the ability of the team to address them?
   - Is the number of issues in the agenda sufficient to ensure team success?
   - Is the team clear about its contribution and role in decision making in the system?
   - Does the system provide sufficient supports to the team to facilitate the team's work?
   - Is the system's atmosphere one that supports team-based activity and decision making?
   - Do decisions occurring outside the team confuse the locus of control and the authority of the team to make its decisions?
   - Does system leadership appear to support the activities of the team and facilitate its interdependence and independence in decision making?
   - Is the team's development, learning and advancement encouraged and facilitated by systems leadership to ensure its effectiveness?

TOOL E: Responses to Getting Unstuck: A Checklist

1. *Review the team's purpose.* Periodically it is wise to reaffirm and reassert the purpose of the team to ensure that team members are aware of it and act consistent with it. The purpose of the team drives the functions of team members and therefore should be clear, identifiable, and understandable by team members at all times during the team's work. Often as the team gets mired in its business, its purpose gets lost. Revisiting the purpose of the team and its basic formation principles helps reaffirm and reassert those foundations for the team's activities and its success.
2. *Ensure the team's viability.* Sometimes the teams are initiated with the expectation for performance without sufficient information or authority. Teams cannot be sustainable unless they have the right resources and the authority to do their work. Therefore reviewing the foundations of the team, the decision-making framework for the team, and the range of expectations and activities directed to the team is a critical element for team success.
3. *Ensure appropriate information support.* Often there are questions around the team's ability to have the resources necessary to do its required work. Therefore review of the information, services, supports, and systems available to it helps team members be clear about what access they have to the resources they need to make good decisions. Information is critical to the success of the work of the team. Therefore its relationship to the information support structure is important to its viability. Being clear about its information needs and accessed information helps break some of the barriers around the team's long-term effectiveness.

4. *Build successes as you go.* Aggregated success depends on the number of small successes that can be enumerated as a team does its work. Identifying these small successes and naming them becomes a critical mechanism for measuring team effectiveness and maintaining the team's enthusiasm. Being able to succeed creates more motivation for further success. Enumerating those successes and building on them creates an energy level that sustains the activity in the work of the team over the long term.
5. *Facilitate leadership.* The leadership must be capable of providing good facilitation and direction for the team. Using good process discipline, techniques, methods and processes is critical to team leadership effectiveness. When the team is not able to use good process, the members lose faith and confidence in team leadership. Leadership skill, energy commitment, and competence of the leader are important variables for sustaining the energy and effectiveness of the team and are critical to the ability of the team to maintain the energy necessary to do its work.
6. *Ensure an effective transition of team members.* When members are unable to perform, to act consistently, to meet expectations, or to relate with other members, questions regarding their continuing membership are appropriate. If individuals and leaders on a team cannot perform consistent with the expectations and give evidence of their unwillingness to do so, changes in members and leaders must be considered. A team must be effective to sustain the system's work and the outcomes of the organization. Leadership always has a dramatic impact on the effectiveness and sustainability of the team. When that needs to change the team must take action quickly.

TOOL F: Comprehensive Team Readiness Assessment

The environment for building teams is as important as the skills in constructing teams themselves. Questions around the ability of the team to function and operate effectively are critical to the sustenance of the team. All of these elements affecting team performance are important considerations in ensuring the long-term effectiveness of team actions.

Instructions: Use the following questions and issues to serve as a checklist to determine whether all of the elements affecting the sustainability of teams have been considered by the team leadership:

1. *Size*
   - Is it convenient to get the team members together in one place?
   - Can the team members relate to each other in a direct and meaningful way?
   - Can the discussions be open, free flowing, and frank?
   - Can discussion around roles, skill, ability, talent, and application be held easily in a free-flowing manner?
   - Are the right people in the room?

- Is there appropriate diversity and distribution of representative membership to be able to do the business of the team?

2. *Team competence*
   - Are those representing the disciplines or the work of the organization clearly able to make that representation?
   - Do the people in the room have the functional, conceptual, and application talents necessary to contribute to the discussion?
   - Are the people in the room able to enter into the relationships and interactions necessary for high-intensity dialogue at the team level?
   - Are the critical thinking processes necessary to deliberate successfully present in the membership in the room?
   - Do those in the room express their commitment to the work and activities that will be undertaken there?
3. *Meaning*
   - Are the mission and purpose of the meeting and the team clear to each member?
   - Can each member identify the direction of the team and its value and work as it undertakes its activities?
   - Is there a high level of general energy and commitment in the room around the issues and functions of the team?
   - Is there a level of enthusiasm and excitement around the issues, processes, and authorities expressed within the context of the team?
4. *Outcomes*
   - Is every member of the team oriented toward the achievement of outcomes?
   - Is there a straightforward relationship between the critical processes identified and the outcomes to which they are directed?
   - Are all team members able to articulate their contribution to outcome?
   - Is the outcome delineated realistic, appropriate, and within the functional capacity of the team?
   - Do all team members recognize the importance of specific outcomes in relationship to their own work and the team's collective action?
   - Do all members of the team agree on the specific outcomes and the processes directed toward them?
5. *Work*
   - Are team members aware of the work they must do to facilitate the outcomes of the team?
   - Does each team member have specific work, functions, and capacity that have been articulated and identified?
   - Does each team member feel equal contribution to the work of the team and participation in the team's process?
   - Are the dynamics of the dialogue balanced, effective, and inclusive?
   - Do members indicate a clear understanding of the learning process associated with their application of skill within the team format?

The above elements identify the contextual framework for the function of a team. Every team has its own characteristics, personality, and culture. However, to operate effectively each team must be able to address the above items consistently over the life of the team. A deficit in any of the above items generally creates a need for the team to stop progress and work and to deliberate its response to the deficit area.