

Clearly, the chartering methodology creates a team mental model that in turn affects team performance. How this process actually unfolds is depicted in the accompanying illustration.

As team members participate in the chartering process and then apply team norms in their work, shared mental models about the team are formed and imbedded as fact. The existence of shared mental models stirs feelings of connection and commonality within individual team members, and these feelings form the basis for trust and cohesion. At the team performance level, high effort, coordinated actions, flexibility, spontaneity, risk taking, and innovation are evident because of the presence of these individual personal and social factors.

## OUTSIDE INFLUENCES ON TEAMS

What are the methods used to recruit and select team members, including the self-selection of leaders? Do members have the capacity for teamwork? A volunteer may have the commitment but lacks prerequisite skills. The process of membership selection is an emotional one. If not handled well, it can create considerable damage.

What prerequisite skills do team members need to bring with them? Training cannot provide all aspects of development for team members. It will not solve problems caused by a lack of personal insight, difficulty with authority, lack of clinical competence, or hidden agendas.

You must have a process for removing ineffective team members. How will people be removed in a manner that preserves self-esteem? Box 9-3 provides an example from the field.

The availability of training will provide opportunities for the refinement of team processes and expectations of competence. Life cycle dynamics of the team itself will influence success because of issues such as turnover vs. stagnant membership or establishing the right resource and communication networks.

### BOX 9-3

#### *Example from the Field*

In the early stage of a team's development a team leader had to be removed because of poor leadership skills, personal problems, or an unwillingness to share. How this individual was assisted in this transition forever influenced team norms. Communication errors and broken confidentiality agreements created a significant trust issue within the team. This was not identified by leaders, which resulted in mediocre team performance.

*Designing team-based systems and facilitating their implementation requires specific actions from managers.*

Beware of teams with long-term membership. They can cease to be effective because they talk only to each other or to outdated communication links (Klimoski, Mohammed, 1994). This is particularly true with health care teams that are assigned highly specialized functions.

Consider the impact of communication quality on the content of information within and outside the team. What is the predominant content of communications? Is there a form of team shorthand that describes team activities? Is it well understood? How is communication framed? Are problems seen as opportunities or threats? Are members “representing” their departments or arriving at the best decision for the patient? The language used by teams indicates predominant styles of influence, degree of openness to the rest of the organization, and willingness to negotiate position.

### **ALL STRESSED OUT AND NOWHERE TO GO**

There is enduring preoccupation in health care organizations with leadership, as well as with the ambivalence with which it is viewed. The yearning for decisive leaders and the apprehension that they might upset the balance between power and autonomy has made us more adept at demanding leadership than truly embracing it.

Vigilance is the order of the day, in coaching, communicating, applying training, and reinforcing the team charter. In addition, the manager will model the belief that authority and accountability are shared by management and staff. If these activities are inadequate, the stress from trying to make an unsupported transformation work will stress people out.

A carefully crafted communication plan, drawn from the team charter, will assist you in the advisement of desired outcomes to teams. If it is clear and concise, this intercommunication will motivate teams to consistently evaluate their work in relationship to desired outcomes. It will also assist in the reinforcement of desired competencies.

Know when to train, when to sit on the sidelines, and when to assist people to leave their positions. Formal training is not always the answer. At the same time, if you are too quick to intervene, the team loses a precious opportunity to learn. Remember to be patient with both people and process.

Encourage teams to periodically ask several self-reflective questions:

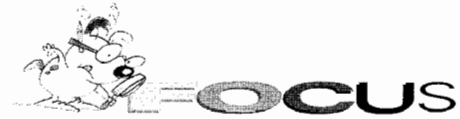
- Where are we headed now?
- Are we on course?
- What is our team's unique role in this organization?
- What do we do well and what do we need to do better?
- How will the work of this team help us deliver better care?
- How will teams boost productivity and morale at the same time?
- Are we asking for and getting the resources that we need?
- Where do managers need to release control?
- Are we exercising the appropriate authority?

## **WORK SELF-CONCEPTS AND EFFECTIVE TEAMS**

Most people have constructed through their formal education and work experience a self-concept that is unique to their workplace. In newly reorganized workplaces, this self-concept is shaken for just about everyone. No one feels like they “fit in” anymore, until the transformation is complete. Most people make the transition to a new self-concept. Those who cannot or will not make changes to their personal concept of work can wreak havoc in team-based systems:

- Teams spend an unnecessary amount of time trying to “convince” a team member about why a particular action is appropriate.
- Implementation plans are halted because management expresses a lack of confidence in teams.
- Hysteria erupts when a team makes a mistake.
- Continual questioning of decision-making authority wears everyone out.
- Blame for mediocre performance of teams or individuals reaches epidemic proportions.

The movement to a team-based organization is not a quick fix for financial or operational woes. It is not simply a nice thing to do for the staff. It is not a way to avert unionization. The transformation to a team-based system is a long-term commitment and a complex developmental transformation. All too often this fact is underestimated or undervalued.



### ***Dimensions of a Work Self-Concept***

- *Orientation toward people and moral themes*
- *Respect and fairness*
- *Work ethic*
- *Social aggression*
- *Task vs. people*
- *Achievement orientation*
- *Drive*
- *Priority of work*
- *Goal attainment methods*
- *Competence*
- *Efficiency*
- *New skills*
- *Confidence*
- *Relationships*
- *Abilities: self and others*

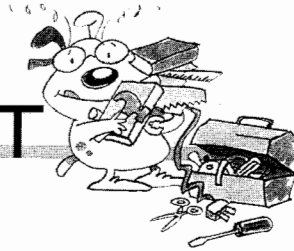
## **THE TEAM CHARTER WORKSHOP**

### **Instructions to Facilitator**

1. Plan an informal social session to assist people in getting to know one another before the chartering session. Conduct a team-building exercise particularly if you are dealing with novice teams.
2. Allow at least 6 to 8 hours for the chartering workshop. One skilled facilitator can handle five teams.
3. Distribute the organization's mission statement, strategic plan, and any other materials you feel need to be referenced in the team charter. Do this at least 1 week before the chartering session. Attach the team charter preparation handout to the materials, which encourages participants to read and think about the information ahead of time.
4. Prepare a 10-minute "lecturette," defining for members why and how a team charter can enhance their performance.
5. Distribute the team charter worksheet. Review contents and time parameters.
6. Distribute a list of definitions so that there is a common starting place. For example, how does your organization define "customer"? "Patient care"?
7. Provide structure by limiting the time spent on each step of the chartering process.
8. Each team will need a flip chart to visually record its progress on each part of the charter. As each section is completed, have the team tape the flip chart paper for the section up on a wall before proceeding to the next step.
9. Large group sharing: allow the last hour of the day for each team to share its work product.

**Bibliography**

- Anderson V, Johnson L: Four steps to graphing behavior over time, *The Systems Thinker* 8(3):8, 1997.
- Brooks SJ: Managing a horizontal revolution, *Human Resources* 40(10):52-59, 1995.
- Emery M: Mission control, *Training and Development* 50(7):51-54, 1996.
- Fournier V, Payne R: Changes in self-construction during the transition from university to employment: a personal construct psychology approach, *Journal of Occupational and Organizational Psychology* 67(4):297-305, 1994.
- Holpp L: If empowerment is good, why does it hurt? *Training* 32(3):52-58, 1995.
- Klimoski R, Mohammed S: Team mental models: construct or metaphor? *Journal of Management* 20(2):403-438, 1994.
- Orsburn JD et al: *Self-directed work teams*, Homewood, Ill, Business One Irwin, 1990.
- Taincez G: Team playing: cross functional engineering teams, *Industry Week* 45(14):28-32, 1996.



## TOOLA: The Team Charter Workshop

### Preparation Handout

**Instructions:** Please read and review the materials enclosed in your team charter workshop packet. You should have several documents that address the core values and strategic plan. To participate effectively in the workshop, please bring this completed worksheet with you. If you have any questions, do not hesitate to call

1. Have you ever seen any of the material in this packet before? (Circle One)      Yes      No  
If the answer was yes, how did your receipt of this information influence your work performance?
2. Do certain skills and behaviors expected of staff and managers stand out for you as you review each of the documents enclosed in this packet? If so, list them below:
3. What behaviors might these documents suggest you should expect of your colleagues?
4. What evidence should be used to judge whether you or your colleagues are performing in a manner suggested in these documents?
5. How might your team meet the performance requirements implied or stated in these documents?
6. Please jot down any other thoughts you have about what you read.

### *Team Charter Worksheet*

#### Step 1: Team Mission Statement

- Try to limit the statement to no more than 10 sentences that address both the team's external and internal focus.
- Describe the team's external focus. Who are the team's customers? What are the team's critical network relationships? What does the team do for its customers?
- Describe the team's internal focus. What are the team's core values? What unique talents are represented on the team?

#### Step 2: Roles and Definitions

- Document the unique accountabilities for each team member: team leader, specialized role functions (such as information specialists, business advisors, finance), management coaches, and general expectations of every team member.
- Describe where the team fits in the organizational structure, team authority, place in the communication system, adjustments to the communication flow, feedback loops, and expected organizational outcomes.

#### Step 3: Team-Based System and the Strategic Plan

- Why do you believe teams will get you where you want to be?

- What will teams add to the accomplishment of the strategic plan for your organization?

Step 4: Expected Team Behaviors

- What do team members expect of each other?
- Include your team’s accountability contract here.

Step 5: Workforce Competencies

- What changes do you expect in the work of your colleagues?
- List technical, team, and positional behaviors in competency terms.

**Step 6: Prepare Workforce for Team Success**

Describe how you will assist your colleagues in their self-assessment of new competencies.

- Consider a 360-degree feedback process to maximize understanding.
- How will you conduct competency discussions for individuals? For teams?
- How will you train people in the new behaviors?
- How will you evaluate the training and monitor organizational development?

**Step 7: How Will New Functions Be Given to Teams?**

- Carefully describe just what functions from what roles and positions will be transferred to teams.
- Prioritize this list and document how the handoff process will occur.

**Step 8: Communicate the Team Charter**

- How will you facilitate organizational members’ knowledge of how to relate to teams?
- How will you help them understand where teams fit in the organizational structure, as well as the outcomes they can expect from teams?

**Communicating the Team Charter**

**Sample Dialogue Questions for Town Hall Meetings**

1. What are the hopes and dreams of staff members committed to team-based organizations?
2. What can working in teams contribute to a health care organization?
3. How does working in teams contribute to professional growth?
4. How can teams be implemented when we are in the middle of so much change?
5. Why would people resist working in teams?
6. How does organizing in teams relate to the work that we have already done?

Project Team Charter

John Doe Medical Center

Team Roles and Accountabilities

PROJECT CHAIR AND CO-CHAIR

*Accountabilities:* Project leaders are accountable for redesign success and provide daily project management.

*Project leaders:*

- Inspire people to action
- Maintain project balance between vision and practical realities
- Use awareness of organizational policies to build relationships and commitment
- Communicate and negotiate among diverse groups of special interests
- Sell policy changes
- Assist project team in acquiring and maintaining power and credibility
- Are action oriented but delegate
- Make sure project remains a high priority in the organization
- Link and coordinate the work of the project team
- Ensure a disciplined process of redesign is applied by the project team

## Project Team Charter

John Doe Medical Center

## THE EXECUTIVE COACHES—ORIGINAL ACTION SPONSORS

*Accountabilities:* Act as organizational sponsors who acquire the necessary resources to the project team, including access to information and people.

*Executive Coaches:*

- Acquire and maintain funding and long-term support for implementation
- Speak to reluctant peers and subordinates to facilitate their involvement in the project
- Assist project team and work groups in overcoming organizational obstacles to change, including departmental, political, and cultural barriers
- Attend project team meetings
- Speak at organizational meetings where project is being discussed
- “Walk the talk” by participating in education or awareness building activities (in person or on video).
- Make necessary policy changes so that patient/family centered care can be successfully implemented
- Communicate upward to CEO, chief of medical staff, and board to ensure organization-wide support.
- Clear calendars of participants to ensure involvement on project teams and work groups
- Assist executive team members in incorporating implementation goals in each of their direct reports and performance plans, and hold them accountable
- Update project team in external events and situations that may influence implementation

## Project Team Charter

John Doe Medical Center

## SPECIFIC PROJECT TEAM ROLES

*Accountabilities:* To provide expert support to the work of the project team.

1. *Business specialist:*

- Incorporates the operational implications in project team’s decision making
- Holds managerial position
- Ensures that operational issues arise in re-design planning and implementation

2. *Information specialist:*

- Communicates multilayered description of information systems technology to a variety of diverse users
- Explains technological options and risks to project teams
- Assists work team in the design of IS technology contemplated for redesign
- Suggests alternatives for technology support
- Leads IS departments shift in vision and activity to patient/family centered approach

3. *Financial specialist:*

- Assists project directors and project team in the analysis of financial data
- Facilitates creation of financial data for purposes of project evaluation and tracking costs against budget
- Assists project units in realignment of financial reporting and budgeting that reflects new patient/family centered delivery system

4. *Knowledge coordinator:*

- Is fluent with PCs and project management software
- Maintains project information outcomes tracking, project documentation and redesign tools, distribution lists, meeting minutes, project history files, presentations, correspondence, and workshops (equipment and tools)



## TOOLB: Analyzing Team Performance Over Time\*

**Instructions:** This tool helps you see beyond the emotion of the moment and identify patterns of team behavior that are not aligned with the charter or may be dysfunctional in nature. Called a behavior-over-time graph (Anderson and Johnson, 1997), it is *not* meant to be used as a quantification instrument. Do not expect to record precise values. The exercise is designed for you to see how a problem's parts are connected. Then you can take steps to determine where the greatest opportunity for intervention may be located.

### Step 1: Team Dialogue: Describe What Is Happening

Using the questions found on page XXX, have team members discuss where they see their team's performance at this moment in time. For example: "We are meeting more often but we are still behind on our time lines." "People are delegating

\* Anderson V, Johnson L: Four steps to graphing behavior over time, *The Systems Thinker* 8(3):8, 1997.

more but the work is not getting done." "We are making decisions, but some of them are not being supported by management."

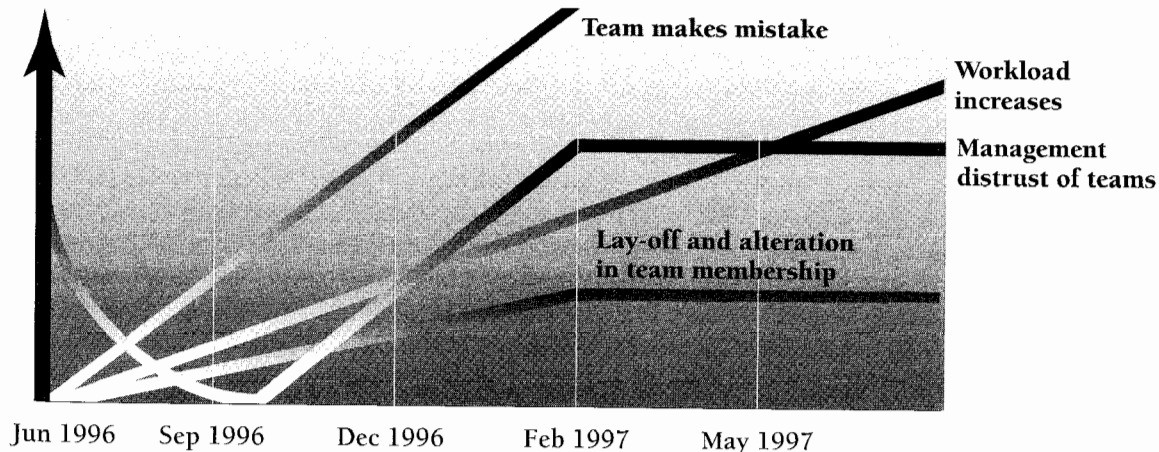
### Step 2. Create Focusing Questions

With your team, decide on focus questions that get to the heart of the problem. Do not mince words or try to make the questions safe.

- How come, if we are doing the right work, we are not producing the right outcomes?
- Why aren't we using the tools/technology we learned in the course of performing the team's work?

### Step 3: Identify Key Variables

Using a brainstorming process, identify the critical variables that your team thinks may be related to the problem, such as incomplete handoff process, lay-off action and change in team membership, mistake made by team, or management distrust of teams.



**Step 4: Sketch a Graph**

After drawing your graph, use it to discuss the interrelationships of factors influencing team development or performance. How did the layoff affect

the team and its work processes? How was decision making impaired? How did the changes in everyone's workload affect team processes and management faith in teams?

## **TOOL C: The Handoff Plan**

**Instructions:** Team members must have already been selected and have participated in the team chartering workshop. Managers and team members sit down together to plan the handoff process, using the team charter as a guide. A facilitator conducts the planning session.

**Step 1: Identifying the What**

Review management job descriptions and the team charter. If you need more information, consider having managers keep an activity log for 1 week and bring those logs to the planning session.

**Step 2: Identifying the Who**

Group all of the management activities into the following categories:

The team should take on now:

- The team leader or management advisor to the team should assume this now.
- This task needs to be returned to another department.

- The team should take on eventually:
- This task needs to be put into policy and procedure.
- We all need to stop doing this task.

**Step 3: Identify the How**

Describe the processes needed to accompany the shift in accountability. Include policies and procedures, process descriptions, and forms that accompany performance of the function. It is also helpful to flow chart the "before and after" picture.

**Step 4: Identify the When**

Apply project management tools to create a time line with accountabilities for the handoff process. You should have a document that lists the time for the transition. Leave enough time for the transition process.