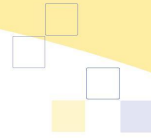


**MCP**<sup>2</sup>

Multidisciplinary  
Collaborative Primary  
Maternity Care Project

Projet de soins  
primaires obstétricaux  
concertés



## **The Multidisciplinary Collaborative**

### **Primary Maternity Care Model**

#### **Module 3**

#### **Building Teams**

**Final Version - May 2006**

---

## **Building Teams**

### **Table of Contents**

<b>Introduction</b>	<b>4</b>
<b>What is an Effective Team?</b>	<b>5</b>
<b>Characteristics of Effective Multidisciplinary Health Care Teams</b>	<b>6</b>
<b>Influential Factors of Multidisciplinary Teamwork in Maternity Care</b>	<b>6</b>
<b>Phases of Team Development</b>	<b>7</b>
Forming	9
Storming	10
Norming	13
Performing	14
<b>Forming, Storming, Norming, Performing. Then What?</b>	<b>15</b>
<b>Key Areas Multidisciplinary Teams Must Address</b>	<b>16</b>
<b>Essential Elements Enhancing the Multidisciplinary Collaborative Team</b>	<b>19</b>
<b>Appendices</b>	<b>21</b>
<b>Team Development Tools</b>	<b>21</b>
Tool A: Establishing the Team Purpose	21
Tool B: Developing Team Principles	22
Tool C: Developing Ground Rules	22
Tool D: Team Building Self-Assessment	24
Tool E: Multidisciplinary Perception Scale	25
Tool F: Team Development Inventory	26
Effective Team Decision Making Process	27
Shared Leadership	31
Multidisciplinary Team Meetings	32
Advantages and Limitations of Multidisciplinary Team Care	33
Common Barriers to Multidisciplinary Team Work	34
Useful Web Linkages	37
Recommended Reading Materials	37

The analysis and conclusions presented in this report do not necessarily reflect the views of the members of the MCP<sup>2</sup> or their partner associations. Funding for the research was provided by Health Canada as part of the Primary Health Care Transition Fund. The views expressed herein do not necessarily represent the official policies of Health Canada.

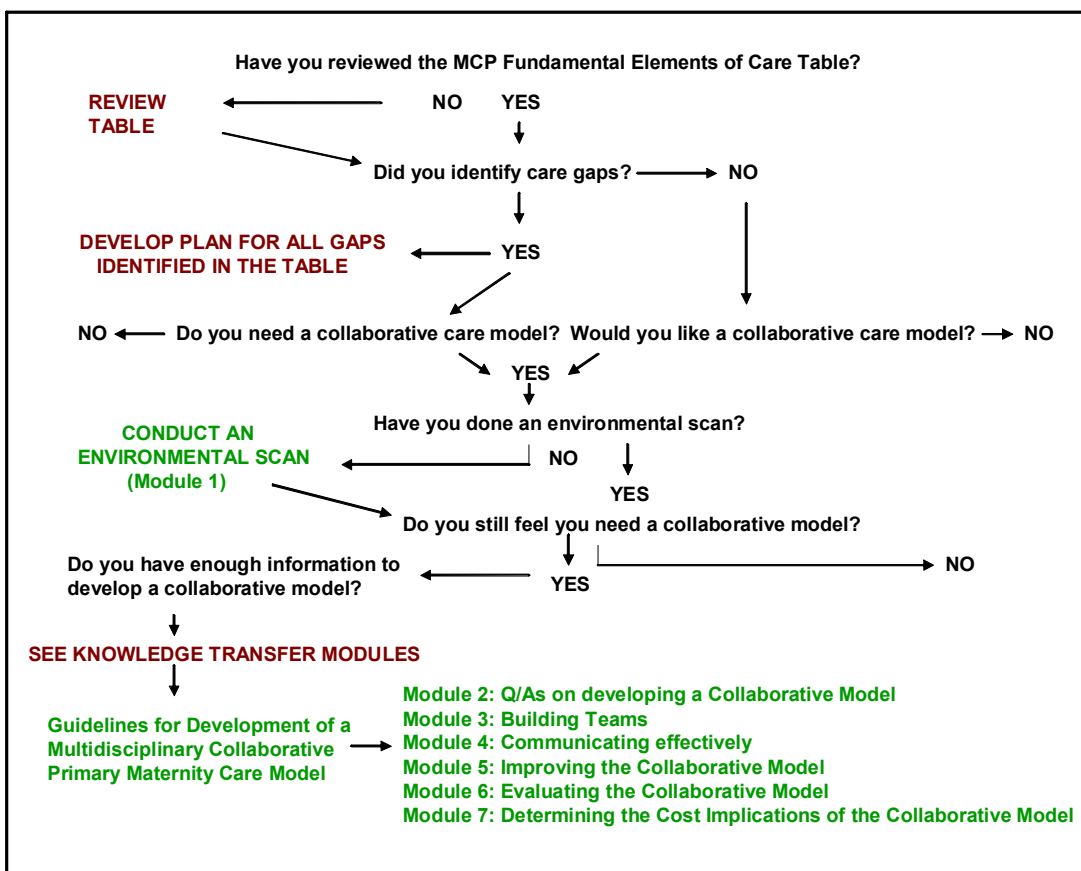
We encourage readers to copy and distribute this material. No permission is needed. Electronic versions can be downloaded from [www.mcp2.ca](http://www.mcp2.ca)

# Building Teams

## Introduction

This is Module 3 in a series of seven modules designed to support the implementation and development of the multidisciplinary collaborative primary maternity care model (MCPMC model). The modules are inter-related. They are designed to guide decision-makers through a generic process of development, activities, reflection and ongoing improvement.

The logic behind this and the other modules (shown in the diagram below) is that key stakeholders such as the professionals in the model and government decision-makers have a consistent frame of reference for the model’s implementation in the respective communities.



Building teams is central to an effective collaborative model. The purpose of this module is to provide tools that will assist health professionals in developing a team that embraces a MCPMC model. This module includes information on team building, and tools and tips to aid in the development of an effective multi-disciplinary collaborative maternity care team.

Much of the information provided in this module has been taken directly from Building a Better Tomorrow (BBT)<sup>1</sup>, another Health Canada funded initiative in which the four Atlantic Provinces worked together to develop and deliver education and training opportunities to support health care providers becoming part of a primary health care team. We have adapted some of the material for this MCP<sup>2</sup> initiative, while other complementary material has also been added.

## What is an Effective Team?

**An effective team produces the results it sets out to produce. It solves problems. It takes advantage of, or creates, opportunities.**

'Teams' and 'teamwork' are buzzwords in today's organizations. Groups of health providers from different professions are often brought together with the assumption they are a team, but true teams must develop over time. A team may be defined as:

*'a small number of people with complementary skills who are committed to a common purpose, performance goals and approach for which they hold themselves mutually accountable'.*

## Three Critical Elements for a Successful Team

### 1. Purpose

- ☞ For a team to be successful, it must have a clearly articulated reason for being.
- ☞ The team must have a purpose that is shared and supported by each member of the team.
- ☞ The successful team consists of members who have a desire to work together. They know why and how and to what end.

---

<http://www.gov.ns.ca/health/primaryhealthcare/building.htm>

## 2. People Skills

- ☞ The successful team consists of members who have good interpersonal communication skills.
- ☞ Team members know how to listen, how to ask questions, how to show support for members who need help, and how to celebrate individual and team successes.
- ☞ Team members have the people skills necessary to negotiate the resources required for their success.

## 3. Process Skills

- ☞ The successful team uses a set of clearly defined tools and processes to select priorities, make decisions, build action plans and review progress and results.

## Characteristics of Effective Multidisciplinary Health Care Teams

- ☞ Members provide care to a common group of clients/patients
- ☞ Members develop common goals for patient outcomes and work toward those goals
- ☞ Appropriate roles and functions are assigned to each member, and each member understands the roles of the other members
- ☞ The team possesses a mechanism for sharing information
- ☞ The team possesses a mechanism to oversee the carrying out of plans, to assess outcomes, and to make adjustments based on the results of those outcomes.

## Influential Factors of Multidisciplinary Teamwork in Primary Maternity Care

- ☞ **Individual factors** – the skills of the people involved, the behaviours they model, the extent to which they believe in multi-disciplinary teams, etc.
- ☞ **Team** – the stage of the teams' development, the goals they set, etc.
- ☞ **Organizational** – the extent that the organization is supporting teams and their development
- ☞ **Systemic** – the extent that the external environment represented by the healthcare system supports the changes the team is proposing.

***“All winning teams are goal-oriented. Teams like these win consistently because everyone connected with them concentrates on specific objectives. They go about their business with blinders on; nothing will distract them from achieving their aims. “Blanchard and Miller***

## Exercise

Think of the best team on which you participated. What makes you think of this team experience as “the best”? What characteristics, behaviours, and attitudes did the team members demonstrate?

---

---

---

Think of the worst team on which you participated. What makes you think of this team experience as “the worst”? What characteristics, behaviours, and attitudes did the team members demonstrate?

---

---

---

**As a member of a multidisciplinary team...**

What characteristics, behaviours, and attitudes do you want to bring to this team?

---

---

---

What characteristics, behaviours, and attitudes do you want to leave behind?

---

---

---

## Phases of Team Development

Like humans, teams develop through a series of stages. Probably the best-known model of team development is that of Tuckman (1965). This model presents four stages of team development.

## Four Stages of Team Development

1. **Forming.** In this first stage team members meet for the first time, determine their purpose, and orient themselves to each other and the task as well as begin to establish trust between team members.
2. **Storming.** A key issue for teams is to effectively manage conflict while avoiding group think (i.e., where everyone blindly follows along and no one asks any questions). It is critical that teams balance both of these elements. Too much conflict can delay performance but too little conflict can stagnate creativity. So, in this stage, teams must determine how they will manage conflict, encourage differing views, and challenge the status quo.
3. **Norming.** Here the team starts to determine roles and responsibilities, sets and agrees on goals, develops operating guidelines for team functioning in their meetings and daily tasks, and determines the level of individual commitment needed to achieve the goals of the team.
4. **Performing.** Once teams have reached this level, they are well-oiled machines. The key task at this stage is to maintain effective mechanisms for: continued communication, conflict resolution, continued goal and role re-evaluation, evaluation of outcomes of team functioning, Making the appropriate adjustments to the team.

## Points to Consider

- ☞ Teams develop in terms of both task processes and people processes (i.e., relationships) as they move from stage to stage.
- ☞ While scholars agree that teams go through four stages of development, there is some disagreement regarding the order of norming and storming. Some people argue that teams *play nice* first (i.e., norming) and then the issues of conflict emerge (i.e., storming); others argue it is the opposite. Teams will cycle through these stages and every time a new team member is added, the team will start back at Forming.

**“Coming together is a beginning. Keeping together is progress.  
Working together is success.” Henry Ford**

## Let's Take a Closer Look at the Team Development Process.

### Forming: getting to know you...

Imagine your first day at school or at a new job. You may recall everyone was polite, overly cautious, and didn't know what to expect. This is the first stage of group development – Forming.

In the Forming stage, team members are getting to know one another and getting comfortable with one another. Members will naturally try to understand their own roles, the roles of the other team members and their purpose in the group.

At this stage, individual team members see the team primarily from his/her own perspective. This is too early in the development of team for team behaviours to dominate.

The key tasks at the forming stage are:

- To establish the goals of the team
- To learn about the skills and training of other team members
- To develop relationships based on mutual respect and shared goals

### Look for the following behaviours in the Forming stage

- ☞ Members trying to define the task
- ☞ Lofty, conceptual discussions as people try to express who they are
- ☞ A discussion about what information needs to be gathered.

### How to Address the Forming Stage

- ☞ Help team members get to know one another. Share individual expectations.
- ☞ Make sure the purpose and task are clearly defined.
- ☞ Give the team time to get comfortable with one another, but move the team along as well.
- ☞ Develop team principles and ground rules.

The key tasks at the Storming stage are:

- To develop an effective means of role negotiation and conflict resolution for the team to progress to the next stage
- To develop methods of identifying problems with the team
- To re-evaluate initial goals, tasks, roles
- To develop processes to overcome group think

## **Storming - High Winds Predicted**

Once the team members work together for a while, they will move from the Forming stage and enter Storming stage. Politeness begins to wear off and dissension occurs over basic mission and operating procedures.

Control often becomes the primary issue. Who is going to decide what? Disagreements can be either very obvious or subtle.

Storming is the most difficult stage for a team to weather, but it is necessary for healthy team development. When team members begin to trust one another enough to air differences, this signals readiness to work things out.

### **Characteristics of Storming**

Look for the following behaviours in the storming stage:

- ☞ Members begin to show their true styles.
- ☞ A growing impatience will surface over lack of progress.
- ☞ Members will get into one another's territory, causing irritation.
- ☞ General disagreement over process, task and overall purpose of the team.

### **How to Address the Storming Stage**

- ☞ Don't ignore the Storming stage. Acknowledge it with the team as a natural developmental step.
- ☞ Surface the conflicts and address them.
- ☞ Review ground rules, revisit the purpose and related administrative matters of the team.

### **Suggestions to Overcome Barriers**

- ☞ Agree on unifying philosophy centered around the woman receiving primary maternity care
- ☞ Develop a commitment to the common goal of collaboration
- ☞ Learn about other professions and respect others' skills and knowledge
- ☞ Establish positive attitudes about your own profession

- ☞ Develop trust between members
- ☞ Establish a mechanism for negotiation and re-negotiation of goals and roles over time
- ☞ Establish a method for resolving conflicts between team members
- ☞ Be willing to work continuously on overcoming barriers.

## Common Types of Team Problems

### Issue 1: *Unfocused Discussions*

#### **Solution:**

- ☞ Redirect discussions
- ☞ Have a timed agenda

### Issue 2: *Dominating Team Members* (talk more than listen)

#### **Solution:**

- ☞ Structure team discussions so all have an opportunity to talk
- ☞ Ask the team if there is a balance of participation
- ☞ Interject

### Issue 3: *Reluctant Team Members* (don't say anything – don't want to offend or risk being challenged or simply introverted)

#### **Solution:**

- ☞ It is important to hear from them to avoid surprise disagreement when everyone else believes agreement has been reached
- ☞ Structure discussion so it is clear that you are reviewing a process and not blaming individuals
- ☞ Give everyone an opportunity to talk

### Issue 4: *Avoiding Decisions* (let's sleep on it)

#### **Solution:**

- ☞ Establish criteria for the types of decisions you can afford to or need to sleep on.
- ☞ Ask: what additional information do we need to make a decision? What is getting in the way of making a decision? Have people write down their concerns about making a decision, discuss and use this list to focus the discussion.

### **Issue 5: Basic Disagreement**

In any team there will be basic disagreements. The challenge is to deal with them in a respectful, open and professional manner. Doing so will ensure the team remains a team after the disagreement has been resolved. Decisions must be made and disagreements overcome.

#### **Solution:**

- ☞ Structure the “debate” by writing down 3-5 points that describe each person’s position – what they like and have difficulty with on another person’s idea. Give them time to share.

### **Issue 6: Team Members in Conflict**

Despite good intentions and well implemented plan, some teams face the ultimate team problem – team members who just don’t get along. This conflict can cause the team to fail because decisions that should be made are not being made.

#### **Solution:**

- ☞ Overcoming problems is a “must do NOW” activity.
- ☞ Take team members and disagreements off-line.
- ☞ Have someone facilitate a discussion with the parties and create a pact on how they will behave in future.
- ☞ May have to ask them to leave the team or that team be disbanded but this is only a last resort.
- ☞ Disagreements can not get in the way of productivity

**What are the areas you think will cause conflict on the team?**

---

---

**How will you address this conflict?**

---

---

***The ratio of We’s to I’s is the best indicator of the development of a team.” Lewis B. Ergen***

## Norming – Charting a Course

When teams recognize their differences and have dealt with them, they move to Norming, the stage when they ask, "How are we going to accomplish our work?" Beyond the politeness and nervousness of Forming and past the issues and concerns of Storming, teams will want to review how they are functioning. As team members learn to work out their differences and emotional conflicts are reduced, they will have more time and energy to focus on their purpose.

### Characteristics of Norming

Look for the following behaviours in the norming stage:

- ☞ Ground rules and formal procedures that may have been overlooked in the beginning are now taken more seriously.
- ☞ The team will want to discuss items more; less time will be spent on idea generation, and more on decision-making.
- ☞ Members will want to limit agenda items to focus on specific topics.
- ☞ Subgroups may be formed to move along faster.
- ☞ Conflicts are addressed and resolved.

Key tasks at this stage are:

- To establish the tasks and roles of team members
- To establish the mechanisms of communication
- To determine leadership and decision-making process

### How to Address the Norming Stage

At this stage, the team has PROCESS down fairly well. TASK will take on new significance, as the team will want to accomplish its purpose. The team should be more diligent in adhering to the project plan, providing time for feedback, closure, etc. Use tools to help make team decisions.

**"It is amazing how much you can accomplish when it doesn't matter who gets the credit."**

- *Unknown*

## Performing - The Action Stage

Forming, Storming, Norming, and then Performing, the final stage of team development.

Performing teams are just that, a highly effective, problem-solving unit that can reach solutions quickly and can even head off issues before they become problems. This is most productive and rewarding phase of team development. In this phase teams are more productive – results are starting to flow from all the hard work. Team behaviours are clearly dominant, although individual behaviours will still exist.

Teams at the performing level are generally self-regulating. Road maps, processes, decision making and other matters of team management will be handled independently by the team.

### Characteristics of Performing

A team in the performing stage will:

- ☞ Be productive! Tasks will be accomplished, and the team will look for more to do.
- ☞ Be pro-active.
- ☞ Demonstrate loyalty to the group, and respect individual dissension and disagreement.
- ☞ Communication is free flowing, easy, open and informal in tone.

### How to Address the Performing Stage

- ☞ Conduct regular reviews to track progress, celebrate successes and modify plans. Many teams don't and miss opportunities to recognize, reward, reinforce, refocus the actions of the team and rekindle team spirit.
- ☞ Continue communication, conflict resolution, goal and role re-evaluation, evaluation of outcomes of team functioning, making the appropriate adjustments to the team.

## Forming, Storming, Norming, Performing - Then What?

Teams do not develop as neatly and sequentially as these stages imply. Teams can cycle from one stage to another relatively easily or get stuck in one stage. This chart outlines features of each stage.

	Forming	Storming	Norming	Performing
<b>Team Leader's Style</b>	More directive approach, outlining how the process will develop and laying down a clear structure.	Leader needs to be supportive, actively listening to team members, and managing the conflict, generating ideas, and explaining decisions.	Leader acts as a team member, as leadership is starting to be shared. Leader helps to develop consensus.	Leader takes overview, but within the day to day running, the group is sharing leadership between members.
<b>Reaction to Leadership</b>	Team members take a tentative, wait and see approach. Leader will be allowed to lead, but that doesn't guarantee support.	Leader is under pressure from more vociferous team members.	General support for the leadership within the team. Mutual respect underpins this.	Personal relationships have developed which underpin the leadership relationship.
<b>Team Process</b>	Process is driven by the leader. Some people are reluctant to contribute openly.	Process likely to break down until conflict is resolved.	The core process should operate smoothly, although there is a danger of focusing on smaller process issues rather than core team work.	Process functions well, and is adjusted as necessary. Leadership is shared and tasks delegated.
<b>Trust within the team</b>	Individuals are not clear about their contribution. "Getting to know you" phase. Trust may start to be built.	Trust is focused into smaller groups as sub-groups and alliances form.	As roles are accepted and clarified, trust and relationships start to develop to a greater degree.	Team starts to operate on higher levels of trust as loyalty and relationships develop.
<b>How Decisions are made</b>	Nominated leader is expected to make decisions. Some more vocal members may dominate.	Decisions are hard to make. Members are unwilling to give way. Compromise is a frequent outcome.	Group is able to come to common decisions. Win-win is more likely than compromise.	Decision making is easier - some decisions are delegated to sub-groups or individuals.

## **Key Areas that Teams Multi-Disciplinary Teams Must Address**

The following questions can help the team understand issues that may help, or hinder, the performance of the team.



### **What is the team's direction?**

Here the team must establish its common purpose and goals. These are critical as it gives the team a sense of purpose and provides direction. Remember that teams should periodically revisit their common purpose and goals, both to track success as well as to ensure that they are still relevant.



### **Who performs which tasks and with whom?**

Here teams must determine the key tasks and who is responsible for which tasks. Remember, teams are made up of people with complementary skills who have mutual accountability for the end result. Thus, while people may have clearly assigned roles, there must be some flexibility here as people will need to 'pitch in' and cross traditional roles in order to perform effectively. As such, it may be more beneficial to develop effective ways of sharing some of the responsibilities and tasks rather than only assigning them to a single person. In terms of roles, it is helpful to consider the following:

- Role clarity vs. ambiguity (are expectations clearly defined?)
- Role compatibility vs. conflict (do roles conflict?)
- Role overload (can an individual meet all expectations?)

The decisions of who does what can be guided by provider availability, level of training, or member preferences. As with the setting of goals, it is important to periodically review and revise member roles as necessary.

### ***Pitfalls arising from lack of role clarification:***

- New members are confused regarding what is expected of them and what they can expect from others
- Increased conflicts between team members

- Crises arise when members assume that someone else was responsible for handling the situation
- Team decisions are not carried out effectively.



**What mechanisms are needed to facilitate high team performance?** Teams must establish clear guidelines concerning issues such as conflict resolution, sharing of critical information and leadership/decision making.

**Conflict Resolution.** Given the mixture of skills and professional backgrounds, and the complexity of multi-disciplinary collaboration, a diversity of views and differences of opinion are inevitable. It is important to recognize, however, that conflict is both necessary and desirable in order for the team to grow and thereby develop greater efficiency and effectiveness.

**Sharing of information.** To provide effective, coordinated care, a team must have an efficient mechanism for exchange of information. At the simplest level, this requires the time, space, and regular opportunity for members to meet and discuss patient cases.

***An ideal system for communication would include:***

- ☞ A well-designed record system
- ☞ A regularly scheduled forum for members to discuss patient management issues
- ☞ A regular forum for discussion and evaluation of team function and development, as well as related interpersonal issues
- ☞ A mechanism for communicating with the external systems within which the team operates

**Leadership and Decision-Making.** An emerging pattern in many primary health care teams involves equal participation and responsibility on the part of team members with “shifting” leadership determined by the nature of the problem to be solved. Emphasis by the team on “health care” rather than the more narrow focus of “medical care” broadens the roles and responsibilities of non-physician providers.

In developing a mechanism for making decisions, the team must address the following questions:

- ☞ What needs to be decided?
- ☞ Who should be involved in the process?
- ☞ What decision-making process should be used?
- ☞ Who will be responsible for carrying out the decision?
- ☞ Who needs to be informed about the decision?

It would be unnecessary to require every member of the team to be present and to contribute to every decision of the team. Clearly, decision will be made by a subset of team members in a time-efficient manner. Effective decision-making within the context of a collaborative team requires a balance between involving the fewest number of members without compromising the validity of the decision.



### **What types of team member behaviors foster high work accomplishments?**

#### ***Knowledge Skills***

Team members should be able to:

- ☞ Identify members of the primary maternity care team required for a particular clinical problem
- ☞ Understand the role of the woman and her family, and the community as members of health care team
- ☞ Understand the role of primary health care in providing health care to the community
- ☞ Describe the multi-disciplinary collaborative practice model of primary maternity care
- ☞ Describe the unique skills and special knowledge of other members of health care team
- ☞ Identify the different attitudes and philosophies that distinguish professional subcultures
- ☞ Identify collaborative skills that will benefit women receiving primary maternity care
- ☞ Describe methods and limitations of evaluating outcomes in collaborative care

### ***Practice Skills***

Team members should be able to:

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

### **Essential Elements Enhancing the Collaborative Team**

#### ***Integrated Clinical Care***

- ☞ Providers contribute coordinated decision-making and management skills
- ☞ Division of labour is organized around common goals, with each member contributing his or her expertise as needed
- ☞ Outcomes and goals are regularly re-evaluated
- ☞ Providers share responsibility for the woman's care

#### ***Open Communication***

- ☞ Women's case discussions also include family issues
- ☞ The woman (and family) is actively involved in the discussion of care
- ☞ Pathways of communication are ensured by the organizational structure

#### ***Providers Trained in Team Concepts***

- ☞ Collaborative rather than delegative model is employed
- ☞ Team members have skills in communication, conflict resolution, and leadership

- ☞ Members understand the roles and expectations of others
- ☞ Members are innovative and tolerant of change

***Respect for Other Team Members***

- ☞ Team members are open-minded and respectful of other disciplines
- ☞ Providers recognize the contributions of other team members

## Appendices

### Tools to Support Team Building

#### TIP!

**MORE<sup>OB</sup>** stands for **M**anaging **O**bstetrical **R**isk **E**fficiently. MORE<sup>OB</sup> is a continuous patient safety improvement program for physicians, midwives and nurses. It is provided within the hospital setting over a 3-year cycle and focuses on promoting a patient safety culture within the obstetrical environment. MORE<sup>OB</sup> assists the multidisciplinary obstetrical care team to identify gaps or holes in the complex defence systems of the hospital environment. *MORE<sup>OB</sup>* creates a new model of care by breaking down traditional hierarchy and directing the focus on teamwork, facilitating an environment of learning together while working together more effectively.

For more information see [www.moreob.com](http://www.moreob.com).

#### Team Development Tool A: Establishing the Team Purpose

Work teams need to define what they expect to achieve in order to be successful. Everyone on the team needs to have the same, clear understanding of the team's purpose.

Without a clearly articulated purpose for the team, it will be difficult to make decisions, build plans, measure progress and maintain commitment of the team. Each team member should complete the following:

**What do you think the team's purpose should be?**

---

---

---

**Imagine you have successfully created a multi-disciplinary collaborative maternity care team. What does success look like? How will you know you've been successful?**

---

---

---

Share this information with each other and reach consensus on the purpose.

The following format provides a simple way to write a team purpose statement:

**We will**

---

**(Outcome)**

**By**

---

**(Measurement)**

**By**

---

**(Timeframe)**

## **Team Development Tool B: Developing Team Principles**

The team will need to develop team principles or “the stake in the ground”, to guide the team:

Some suggested principles:

- Focus of members should be on needs of the patient rather than on individual contributions of members;
- The basis of care is communication with patients, a central principle shared by all health professionals;
- Collaboration requires both depending on others and contributing one’s own ideas toward solving a common problem;
- Team members must respect, understand roles, and recognize contributions of their members.

**What principles are important to you? Discuss with your team**

---

---

---

## ***Team Development Tool C: Developing Ground Rules***

To be successful, the team environment must be a “safe space” for team members to participate fully.

**What do you need to feel “safe” to create and maintain an open and positive environment to share ideas, issues and potential solutions?**

---

---

---

**Tip!** Discuss with your fellow team members and build a list (5-8 points) that reflects the needs of the team. Type them up and post on the wall every time you meet. Remind each other when the team is not following these rules.

Some suggested team ground rules:

- ☞ Stay focused as there is lots to do in a little bit of time
- ☞ Follow the rules of brainstorming (i.e., free flowing process, do not criticize ideas or debate points etc).
- ☞ Watch out for the “Expert” trap and the “Who am I to say? I’m just the…” trap.
- ☞ Don’t make assumptions: ask questions to clarify points that are unclear.
- ☞ Participate. Each individual will have unique perspectives on the same topic and all perspectives need to be uncovered
- ☞ Maintain confidentiality within your group – during the report out and after this session.

**Team Development Tool D: Team Building Self-Assessment**

The following statements describe some abilities that are related to **Team Building**. How confident are you in your ability in these different areas? Please rate your confidence in these areas on a scale of **1 = Low to 5 = High**.

Ability	Confidence				
	Low				High
1. Leading a multidisciplinary team in a primary maternity care setting.	1	2	3	4	5
2. Identifying the key characteristics of effective multi-disciplinary teamwork in a primary maternity care setting.	1	2	3	4	5
3. Recognizing the factors which can enable or inhibit multidisciplinary teamwork in a primary maternity care setting.	1	2	3	4	5
4. Identifying potential overlap in roles, skills and expertise between professions.	1	2	3	4	5
5. Determining the contributions which other health care professions can make to multidisciplinary care.	1	2	3	4	5
6. Engaging in shared leadership and decision-making as a member a multidisciplinary team in a primary maternity care setting.	1	2	3	4	5
7. Formulating a multidisciplinary care plan in collaboration with other health care professionals.	1	2	3	4	5
8. Conducting an effective multidisciplinary team meeting.	1	2	3	4	5
9. Leading a consensus-building process with other health professionals.	1	2	3	4	5
10. Identifying means for managing change in a multi-disciplinary teamwork environment.	1	2	3	4	5

**What will I do to address the areas where my confidence is low?**

---



---

**Team Development Tool E: Multidisciplinary Perception Scale**

**What is your opinion of persons in other professions?** (Fill in column blanks with professions other than your own.)

Persons in this profession:	<u>Profession A</u>				<u>Profession B</u>			
	Very Untrue		Very True		Very Untrue		Very True	
1. Are competent	1	2	3	4	1	2	3	4
2. Have very little autonomy	1	2	3	4	1	2	3	4
3. Understand the capabilities of your profession	1	2	3	4	1	2	3	4
4. Are highly concerned with the welfare of the patient	1	2	3	4	1	2	3	4
5. Sometimes encroach on your professional territory	1	2	3	4	1	2	3	4
6. Are highly ethical	1	2	3	4	1	2	3	4
7. Expect too much of your profession	1	2	3	4	1	2	3	4
8. Have a higher status than your profession	1	2	3	4	1	2	3	4
9. Are very defensive about their professional prerogatives	1	2	3	4	1	2	3	4
10. Trust your professional judgment	1	2	3	4	1	2	3	4
11. Seldom ask your professional advice	1	2	3	4	1	2	3	4
12. Fully utilize the capabilities of your profession	1	2	3	4	1	2	3	4
13. Do not cooperate well with your profession	1	2	3	4	1	2	3	4
14. Are well trained	1	2	3	4	1	2	3	4
15. Have good relations with your profession	1	2	3	4	1	2	3	4

**How will I address conflict with other team members?**

---



---

### ***Team Development Tool F: Team Development Inventory***

This tool outlines crucial areas for building a high performing team. This tool can be referred to when first building the team. Once the team is in place, it can be used to identify specific areas that need attention.

	Yes	No	In Progress
<b>Purpose</b> <ul style="list-style-type: none"> <li>Clearly articulated statement of team purpose</li> </ul>			
<b>Roles</b> <ul style="list-style-type: none"> <li>Clearly defined roles within the team</li> <li>Clearly defined team leader responsibilities</li> </ul>			
<b>Team Members</b> <ul style="list-style-type: none"> <li>Contribution made by all members of the team</li> <li>Respect for the views of others</li> <li>Trust is fostered within the team</li> <li>Maintain positive attitudes when set backs occur</li> <li>Maintain sense of humour throughout the process</li> <li>Constructive feedback given when requirements not met</li> <li>Listen to each team member's ideas</li> <li>Honesty of communication within the team</li> </ul>			
<b>Effective Meetings:</b> <ul style="list-style-type: none"> <li>Preparation of agenda for each team meeting</li> <li>Circulation of agendas prior to team meetings</li> <li>Sharing of housekeeping duties (rooms, refreshments)</li> <li>Clearly defined Team Ground Rules/Rules of Play</li> <li>Full attendance at necessary team meeting</li> <li>Meetings start and end on time</li> <li>Accurate records kept of decisions made at meetings</li> <li>Balanced participation within the team</li> <li>Team stays focused</li> </ul>			
<b>Planning</b> <ul style="list-style-type: none"> <li>Effectiveness of plans developed by team</li> <li>Quality of implementation of team ideas and plans</li> <li>Maintaining focus on key issues/topics</li> <li>Prioritization of key issues</li> <li>Identifying the root cause of a problem before taking action</li> <li>Developing clear action plans</li> <li>Maintaining sense of urgency</li> </ul>			
<b>Problem Solving</b> <ul style="list-style-type: none"> <li>Use of formal problem solving process</li> <li>Handling frustrations between team members</li> <li>Constructive feedback listened to without overreaction</li> <li>Successfully resolve interpersonal conflicts</li> </ul>			

	Yes	No	In Progress
<b>Efficiency and Effectiveness of Decision Making</b> <ul style="list-style-type: none"> <li>• Consensus reached on important decisions</li> <li>• Decision making procedures</li> <li>• Fairness in decision making procedures</li> </ul>			
<b>Reviewing Progress</b> <ul style="list-style-type: none"> <li>• Team progress reviewed on a regular basis</li> <li>• Celebration of team progress and successes</li> <li>• Frequent progress reviews</li> <li>• Modification of plans if necessary based on reviews</li> <li>• Communication of team’s progress to others (i.e. stakeholders)</li> </ul>			
<b>Recognition of Success</b> <ul style="list-style-type: none"> <li>• Credit given to individuals for personal contributions</li> <li>• Credit for personal contributions shared by team</li> </ul>			

## Effective Team Decision Making Process<sup>2</sup>

Teams are particularly effective in problem solving as they are comprised of people with complementary skills. These complementary skills allow team members to examine issues from various angles, as well as see the implications of their decisions from a variety of perspectives. It is a process that can help teams solve problems and make ‘good’ decisions.

In essence, teams make decisions using problem-solving techniques. Thus, the process largely rests on selecting a course of action following the evaluation of two or more alternatives. To effectively navigate this path, the following step-by-step approach can be used.

### Seven Steps for Effective Team Decision Making

#### 1. Recognize the Problem

Teams must see and recognize that a problem exists and that a decision needs to be made to move forward. While this may seem elementary, many teams do not always recognize that there is an issue that needs to be addressed due to issues such as group think.

<sup>2</sup> Adapted from Lafferty, J.T. (1988). *Sub arctic survival situation: Leader’s guide*. Plymouth, MI: Human Synergistics.

## 2. Define the Problem

In this stage, teams must map out the issue at hand. During this step, teams should:

- ☞ State how, when, and where members became aware of the problem
- ☞ Explore different ways of viewing the problem – different ways of viewing the problem can lead to an improved understanding of the ‘core’ problem
- ☞ Challenge any assumptions that are made about the problem to ensure that the team fully sees the ‘real’ issue at hand.

## 3. Gather information

Once the problem has been defined, teams need to gather information relevant to the problem. Teams need to perform this step to a) verify that the problem was defined correctly in step 2; and b) to develop alternative solutions to the problem at hand.

## 4. Develop Alternative Solutions

While it can be easy for teams to ‘jump on’ and accept the first solution, teams that are effective in problem solving take the time to explore several potential solutions to the problem. Some ways to generate alternatives include:

- a) **Brainstorming.** During this process teams are encouraged to come up with as many ways as possible to solve the problem at hand. While brainstorming can help generate creative solutions to problems, a few guidelines are needed to help it work most effectively.
  - ☞ No criticism of any ideas during the brainstorming phase;
  - ☞ All ideas, no matter how silly, get recorded;
  - ☞ Get past the sillies - sometimes very creative, and viable, solutions come after people have made what appear to be ‘silly’ suggestions.
- b) **Ask Questions.** Network with colleagues internal and external to the organization to get their ideas and suggestions.
- c) **Explore.** Read journals/books, go to networking functions, and attend conferences etc. that cover similar issues. Also be prepared to go outside of the healthcare domain. Other industries may have faced similar issues and their solutions can provide insights for you.

## 5. Select the BEST alternative

Once all the alternatives are identified, the team needs to determine the alternative that best addresses the problem at hand. For this element to be effective, you need to consider both rational and human elements.

### ***Rational Elements:***

1. **Analyze the problem** (see Steps 1 –2)
2. **Determine the desired end state.** The team needs to clearly define what success looks like.
3. **Evaluate alternatives against the desired state.** The team discuss the merits of each alternative and the extent to which each can move the team to the desired state. To help on this step, some teams' rate each alternative on a scale of 1 to 5 where 1 is low and 5 is high.
4. **Discuss potential adverse consequences of each alternative.** Here teams need to discuss the potential downsides of the options. To facilitate an objective examination of adverse consequences, some teams use a mathematical formula. Specifically they assess the severity of the adverse consequences in terms of the formula:

### ***Adverse Consequences = Likelihood x Severity:***

Likelihood = the likelihood of the adverse consequence occurring (using a 5-point scale where 5 is high)

Severity = severity if the consequence does occur (using a 5-point scale where 5 is high)

***Human Elements:*** Here the team needs to ensure the following:

**Active listening.** This requires that team members:

- ☞ Pay attention to the dialogue and anticipate where the conversation is going,
- ☞ Objectively weigh out what's been said,
- ☞ Try to understand what the other person is saying, and
- ☞ Review and summarize what has been said.

**Supporting each other's ideas.** Most people tend to focus on what is wrong versus right. Being supportive requires that you:

- ☞ Assume that others have valid points,
- ☞ Point out the useful aspects of what has been said,
- ☞ Build on these useful points, and
- ☞ Avoid unnecessary criticism.

**Are comfortable presenting differing views.** Remember that group think is a key concern for teams. To effectively present differing views make sure that you:

- ☞ Clearly state your differing view
- ☞ Focus on the reasons for the differences
- ☞ Treat differences as a source of ideas rather than a source of interpersonal conflict.

**Participate.** To fully take advantage of the complementary skills present in a team, all team members must participate. Sometimes, one or two people dominate team decision making processes because of their interpersonal style (i.e. extraverted vs. introverted), their need for recognition, or their presumed status/position. This can have a negative effect on the team in terms of its ability to make effective decisions. When this occurs, the team needs to address this issue - especially as they face this problem as a team.

## **6. Implement the Best Alternative**

Once the alternative has been chosen, the team needs to implement its decision. This requires effective planning as well as communicating the decision to all the stakeholders that may be affected by this decision.

## **7. Evaluate the Outcome**

Remember that teams and team building is a learning process. It is critical that the team examine whether the proposed plans of action were achieved in an effective way and resulted in positive outcomes.

## Shared Leadership

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

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

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

The functions of leadership are:

1. Helping the group decide on its purposes and goals.
2. Helping the group focus on its own process of work together so that it may become more effective rather than becoming trapped by faulty ways of problem solving and decision making.
3. Helping the group become aware of its own resources and how best to use them.
4. Helping the group evaluate its progress and development.
5. Helping the group to be open to new and different ideas without becoming immobilized by conflict.
6. Helping the group learn from its failures and frustrations as well as from its success.

## Multidisciplinary Team Meetings<sup>3</sup>

Managing the team meeting process is an important activity of any multidisciplinary health care team. The team leader, coordinator or facilitator is responsible for moving the team efficiently through the process of the team meeting. Some teams rotate this leadership responsibility to foster shared leadership.

Meeting responsibilities of the team leader, coordinator/facilitator include:

- ☞ Schedules, arranges, and conducts the meeting.
- ☞ Prepares and distributes agenda before the meeting and ensures that agenda is followed during the meeting.
- ☞ Clarifies purpose and helps the team identify goals.
- ☞ Encourages everyone to participate throughout the discussion.
- ☞ Summarizes and organizes the ideas discussed to gain commitment (with help of a recorder).
- ☞ Identifies common topics or subjects in discussion to maintain direction of discussion.
- ☞ Asks questions to clarify comments and restates if members are confused.
- ☞ Encourages team to finish each agenda item before moving to the next.
- ☞ Encourages the integration of new members.

Another important role is that of the recorder, who has four meeting tasks:

- ☞ Documenting the efforts of the group, including summaries of decisions, action items (or assigned tasks), and deadlines.
- ☞ Maintaining the group's focus and direction.
- ☞ Actively clarifying the group's progress by using strategies such as summarizing and seeking.
- ☞ Producing written summaries.

Responsibilities of the team timekeeper include:

- ☞ Informing the group of the beginning time and ending time.

---

<sup>3</sup> Hyer et al. (2003)

- ☞ Indicating when the group is using more time than available on one issue and remind them of the number of tasks and time remaining.
- ☞ Helping the team use its time on issues on which the whole team is needed.

## **Advantages and Limitations of Multidisciplinary Team Care<sup>4</sup>:**

### **Advantages**

#### ***For Patients:***

- ☞ Improves care by increasing the coordination of services
- ☞ Integrates health care for a wide range of health needs
- ☞ Empowers patients as active partners in care
- ☞ Can be oriented to serving patients of diverse cultural backgrounds

#### ***For the Providers of Care:***

- ☞ More efficient use of time for providers
- ☞ Increases professional satisfaction due to clearer, more consistent goals of care
- ☞ Fosters appreciation and understanding of other disciplines
- ☞ Enables the provider to learn new skills and approaches to care
- ☞ Provides an environment for innovation
- ☞ More focus on individual areas of expertise

#### ***For Educators and Students:***

- ☞ Offers multiple health care paradigms to study
- ☞ Models strategies for future practice
- ☞ Promotes student participation
- ☞ Challenges norms and values of each discipline

#### ***For Health Delivery System***

- ☞ Potential for more efficient delivery of care
- ☞ Maximizes resources and facilities

### **Limitations**

- ☞ The process of team formation is time consuming and requires matching of schedules of the different team members
- ☞ Collaboration requires communication between team members, which takes time away from patient appointments in busy practices

---

<sup>4</sup> Grant et al. (1995)

- ☞ A comprehensive approach to health care may lead to increased use of limited services and resources;

## **Common Barriers to Multidisciplinary Teamwork**

### **Organizational Barriers**

- ☞ Lack of knowledge and appreciation of the roles of other health professionals
- ☞ The need to make compelling arguments for team building to senior decision-makers
- ☞ Lack of outcomes research on collaboration
- ☞ Financial and regulatory constraints
- ☞ Legal issues of scope of practice and liability
- ☞ Reimbursement structures for different professions, including which services receive reimbursement
- ☞ Hierarchical administrative and educational structures that discourage multidisciplinary collaboration

### **Barriers at the Team Level**

- ☞ Lack of a clearly stated, shared, and measurable purpose
- ☞ Lack of training in multidisciplinary collaboration
- ☞ Role and leadership ambiguity
- ☞ Team too large or too small
- ☞ Team not composed of appropriate professionals
- ☞ Lack of appropriate mechanism for timely exchange of information
- ☞ Need for orientation for new members
- ☞ Lack of framework for problem discovery and resolution
- ☞ Difference in levels of authority, power, expertise, income
- ☞ Difficulty in engaging the community
- ☞ Traditions/professional cultures, particularly medicine's history of hierarchy
- ☞ Lack of commitment of team members
- ☞ Different goals of individual team members
- ☞ Apathy of team members
- ☞ Inadequate decision making
- ☞ Conflict regarding individual relationships to the woman

### **Barriers Faced by Individual Team Members**

- ☞ Split loyalties between team and own discipline
- ☞ Multiple responsibilities and job titles
- ☞ Competition, naïveté
- ☞ Gender, race, or class-based prejudice
- ☞ Persistence of a defensive attitude
- ☞ Reluctance to accept suggestions from team members representing other professions
- ☞ Lack of trust in the collaborative process

### **Barriers for Independent Providers**

- ☞ Accustomed to assuming total responsibility
- ☞ Unease with allowing others to be involved in clinical decision-making
- ☞ Discomfort with performance review by team members of different professional backgrounds
- ☞ Legal liability for others' decisions
- ☞ Dilution of traditional one-to-one relationship with care recipient

### ***Things to Consider***

Learning about other professions is an important first step in collaboration. Many professionals are remarkably ignorant of the other health professions due to a lack of collaboration during their respective education. In the course of their training, providers have a tendency to become socialized into their own professions and subsequently develop negative biases and naïve perceptions of the roles of other members of the health care team.

Another common barrier to multidisciplinary teamwork is the problem of “turf battles.” These struggles over protecting the scope and authority of a profession involve issues of autonomy, accountability, and identity.

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

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

Finally, identity as an individual practitioner is due in large part to the identity of the profession as a whole. Multidisciplinary collaboration, by blurring the margins that define the roles of the various professions, may also affect the identity of individual providers.

The task of the team is to identify and address these underlying factors that lead to territoriality and to thereby facilitate multi-disciplinary collaboration.

To practice effectively in a multidisciplinary primary maternity care team one must have a clear understanding of other members' unique contributions: their educational backgrounds, areas of high achievement, and limitations. Each provider should be knowledgeable of (and therefore comfortable with) the skills of the other members. In learning about multidisciplinary primary maternity care, one must also learn to incorporate the woman and her family into the care plan.

From a clear understanding of others comes the basis for respect which underlies all successful collaborative endeavors.

The need to establish the trust and respect of other team members derives from a central feature of collaboration: no individual is responsible for all aspects of care. Each member must have confidence that other team members are capable of fulfilling their responsibilities.

## Useful Web Linkages

The website of Harvard Business School Publishing: press books, newsletters, e-learning  
[www.harvardbusinessonline.com](http://www.harvardbusinessonline.com)

Resources for Building Teams for High Productivity and High Morale  
<http://www.stressdoc.com/building.htm>

Team Building: Building a Productive Team  
<http://ianrpubs.unl.edu/misc/cc352.htm>

Resources for Team Building  
[http://www.managementhelp.org/grp\\_skill/teams/teams.htm](http://www.managementhelp.org/grp_skill/teams/teams.htm)

Community Toolbox  
[http://ctb.ku.edu/tools/en/chapter\\_1013.htm](http://ctb.ku.edu/tools/en/chapter_1013.htm)

## Recommended Reading

Bunker BB, Alban B (1996) **Large Group Interventions: Engaging the Whole System for Rapid Change** San Francisco: Jossey-Bass

Katzenbach JR, Garvin DA, Wenger EC (2004) **Harvard Business Review on Teams that Succeed**, HBR Publishing Corp.

Quick T (199) **Successful Team Building** American Management Association

**Vengel A (2000)** The Influence Edge: How to Persuade Others to Help You Achieve Your Goals  
**Berrett-Koehler Communications Inc**