Building Better Teams:
A Toolkit for Strengthening Teamwork in Community Health Centres

Resources, Tips, and Activities you can Use to Enhance Collaboration

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Contents

Introduction and Framework

This toolkit is a resource for you as a member of a team in a Community Health Centre. It contains the practical outcomes of the Association of Ontario Health Centres (AOHC) research into best practices in teamwork. The study was large, using a variety of qualitative and quantitative methods to collect and analyze information that would contribute to improving the effectiveness of primary health care teams. This resource is intended to support the development of the skills primary health care team members need to work effectively. Information about all components of the study is available on the AOHC website, www.aohc.org.

Findings from the study provide the conceptual basis for this toolkit of team development resources. Throughout this resource, we have included quotations from the interviews that were conducted in 13 Ontario CHCs. These interviews provided rich qualitative information, based on the experiences of team members from urban and rural centres, representing the range of occupations and disciplines of those employed in primary health care teams. From this information, the competencies associated with the attributes and actions that underpin effective teamwork in Community Health Centres (CHCs) were identified as best practices.[1] This resource identifies these competencies and provides a variety of sample tools, learning activities and resources that you can use to strengthen teamwork.

Best Practice

For CHCs, best practices emerge through a dynamic process that acknowledges the uniqueness of the communities served by the CHC and the knowledge and experience of the staff and volunteers, includes a community perspective, incorporates relevant guidelines, uses evidence, and is based on the values and principles that inform the Community Health Centre movement as a whole.[2] This definition of best practice values learning through experience and is intended to build on one another's expertise and to enhance innovation.

Promising Practice Examples

*The resource was validated as a useful tool for teams by holding workshops for primary health care team members in eight cities across Canada, reaching over 200 participants. The workshops provided a forum for us to share the results of the study and continue the cycle of exchanging knowledge with CHC team members. We learned more about how teams are working with the concepts and have included examples of promising practices based on these experiences throughout the resource. It is important to note **these anecdotal stories were not part of the research project.***

Types of Teamwork

As the field of interdisciplinary care has grown, and more is written about it, having clear definitions has become important to researchers, policy makers and providers. These terms can mean different things to different people, and in practice are often used interchangeably. A literature review[3] conducted as part of the AOHC study was designed to place a plain language synthesis in the hands of team members in order to assist in developing a shared understanding of the types and models of team care being carried out. The definitions below are excerpted from the literature review. Please refer to the literature review document for a more detailed discussion of the definitions and their application to collaborative care.

> **Multidisciplinarity** *refers to situations where several participants representing several disciplines work on the same project on a limited and transient basis. While they may not necessarily meet, the members of a multidisciplinary teamwork in a coordinated fashion.*

> **Interdisciplinarity** *implies a deeper degree of collaboration between team members. It implies an integration of the knowledge and expertise of several disciplines to develop solutions to complex problems in a flexible and open-minded way. This type of team shares ownership of common goals and has a shared decision-making process. Members of interdisciplinary teams must open territorial boundaries to provide more flexibility in the sharing of professional responsibilities in order to meet client needs.*

> **Transdisciplinarity** *refers to professional practice which seeks consensus. It is more open and sometimes results in vanishing professional boundaries. Transdisciplinarity is characterized by a deliberate exchange of information, knowledge, skills and expertise that transcend traditional discipline boundaries.*

> **Collaboration** *is a dynamic process that is increasingly being recognized as a sign of effective practice in health care where professional boundaries are transcended to allow **all** team members to work together to improve client care while respecting the qualities and skills of each professional.*

> **Interprofessional** *is the term used more recently and is seen as best reflecting a practice that promotes the active participation of several health care disciplines and professions who work collaboratively with*

patient-centered care as a focal point. When all members coalesce around the client, professional paternalism and traditional methods of intervention can be minimized. It includes health care providers learning to work together, sharing in problem solving and decision making to the benefit of patients.

The AOHC Research

Research Approach

Just as the AOHC approach to best practices acknowledges that best practices emerge from experience, the qualitative approach to research draws on experience as a rich source of data. One of the major data gathering strategies in the study was qualitative interviews:

> A qualitative approach was utilized in this study in order to better understand the experience of teamwork in CHCs. Qualitative interviews allowed the researchers to gain an in-depth understanding of the everyday lived experience of teamwork. Moreover, the qualitative interviews were flexible and actively involved participants by probing and following up on issues or concerns discussed by participants which were unanticipated by the interviewer. The advantage of this approach was that it allowed the researchers to uncover the real issues that participants were dealing with in regard to teamwork. Furthermore, by conducting the interviews at each of the CHCs, the interviewers gained a better understanding of the nature and structure of each CHC, than could have been acquired through a quantitative survey instrument.[4]

The competencies included in the toolkit were selected by identifying key characteristics which were identified in the study as necessary elements to work effectively in interdisciplinary teams. They are the real issues that emerged from the lived experience of staff working in interdisciplinary teams in CHCs and represent the issues that team members are both learning from and struggling with. The proposed content was validated by an advisory group of CHC representatives and the results of the literature review.

What was learned

According to the research, interdisciplinary primary health care teams are strengthened when the attributes and actions[5] associated with effective teamwork are developed. Strengthening teams means developing:

- Team Values

- Team Vision and Goals

- Communication

- Collaboration

- Decision-Making

- Conflict Management and Resolution

- Effective Meeting Processes

- Everyday Leadership

The Toolkit

Who is the toolkit for?

This toolkit is an accessible source of information for team members of all primary health care disciplines. Whether you are a team member, a team leader or a CHC manager, there is something here for you. This resource will be of interest to anyone who works in an interdisciplinary setting, whether your background is nursing, medicine, physiotherapy, social work, health promotion, community development, pharmacy, mental health, information technology, administrative and financial services or other disciplines. We also expect that members of teams in any CHC setting will learn from what is included here. The toolkit is also intended to promote dialogue between professionals, paraprofessionals, volunteers and board members. The toolkit contains eight learning modules, each presenting an aspect of knowledge, a skill or attribute which team members need in order to work effectively in primary health care teams.

Scope of the toolkit

This toolkit can stimulate you and your team to consider and improve your competence related to successful teamwork in a primary health care setting. Each module presents evidence or comments from the research, grounded in team experience. We have included a variety of learning activities and discussion starters from trustworthy sources for teams to use in building their own capacity in each area. Sources and suggested resources for more information are included in each module. The toolkit provides a framework for thinking about team learning and developmental stages, along with practical activities that address common situations faced by primary heath care and Community Health Centre teams. The ideas in the kit are intended to engage you and your team in reflection. Teams can learn to reflect *on* team practices in order to improve them. Team members can learn to reflect *in the moment*, applying what has been learned to the team practices needing improvement. The resource helps to make links between the theory, literature, and research to the day-to-day practice and experience of team members.

The learning activities in the toolkit were designed and included because they:

- Emerged from the experience of CHC primary health care teams.

- Addressed common primary health care team concerns.

- Could be facilitated by team members and leaders from a range of backgrounds, thereby encouraging self-management and empowerment.

A few assumptions

We have assumed that team members and users of this document have some professional familiarity with facilitating adult learning in the workplace. We have selected material that could be readily facilitated by team members with intermediate to advanced facilitation skills. Beginning facilitators who want to improve their skills could work with a colleague-mentor to facilitate some of these activities.

A Train-the-Trainer session was held in order to orient experienced facilitators in each region of the country to the approach and competencies included in the resource. Contact information for

facilitators and consultants familiar with this material and willing to assist your team is available through the AOHC web site, www.aohc.org.

Tailor the activities and modules to your team

The resource kit focuses on activities that are readily adaptable to a variety of team learning situations, such as team meetings or staff retreats. Material with broad application to the competencies is included here. A variety of experiential learning approaches were selected because we believe that this is the most effective way for teams to learn. We favoured tools and activities that have been validated in use. No toolkit can provide exactly the right activity for every team in every circumstance. We encourage you to make the toolkit your own, by adding questions or whole activities from your own repertoire, or by modifying these to more accurately reflect the current needs of your team. Most of all, we hope that you are inspired and supported to make team development one of the most enriching parts of your work.

This resource cannot provide you with all the possible learning activities for each competency. This toolkit does not provide enough background to serve as a manual for teaching facilitation skills or as a leadership or management development course. If you feel that you would benefit from further growth in those areas, we refer you to the reference lists that we have included for more information. You may also wish to speak with a member of the project advisory group or a consultant associated with the Train-the-Trainer portion of this initiative for referrals to material suited to your needs.

Remember that the information that we have used to set the context for each module comes from the lived experience of staff members just like you. It is our hope that team members and leaders from a range of backgrounds will feel comfortable to facilitate discussions and activities along the lines that we have included. By trying these out yourselves, your team capacity in self-management and in genuine empowerment will grow.

Facilitating Team Development Interventions
Assess – Plan – Intervene – Evaluate

This resource is organized around a framework that will be familiar to primary health care disciplines. In this section, you will find ideas and things to consider about each of the steps involved in team development. Using the cycle of Assess-Plan-Intervene-Evaluate as the framework, tools and resources are provided to assist your team.

Like all interventions into human systems, choosing team development initiatives is more effective with a goal and plan. Begin by formally or informally assessing in what areas your team could benefit, such as identifying a team process that could be improved or is suited to your team's stage of development. Plan how you will work on the competency identified and consider the resources that you will need to do this. Then carry out your intervention and follow with an evaluation of whether the intervention was helpful in addressing the development issue.

Assess

Evaluate   Steps in
Team Development   Plan
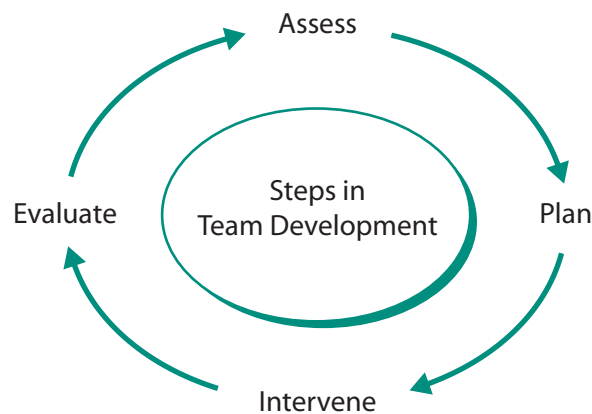
Intervene

Assess

Purpose of Assessment

In order to intervene effectively to enhance interdisciplinary teamwork, it is important to know something of the areas that are in need of attention. Sometimes, this is obvious and little formal assessment is needed. Perhaps team members are aware that work is needed in a specific area, either in a preventative mode or because something has happened that has highlighted an area for attention. Although

leaders and members will likely have ideas and gut feelings about what the problems are when things are not going well, it is helpful to have a fuller picture before proceeding. You can have a high quality intervention but it is not likely to provide the outcome you are looking for if it is not geared toward the real issues. You will want to model teamwork from the beginning through including everyone in the assessment. Convening an ad hoc planning committee can be a useful mechanism to encourage participation, empowerment and opportunities for learning. You may decide to start with one team or the entire organization. There is no right or wrong way to begin.

Assessment Methods

Individual interviews, focus groups and surveys are the most common techniques that can uncover some of the difficulties that a team is having in obtaining a high level of effectiveness. Surveys can be done internally and still protect anonymity. The survey method ensures that there is a diversity of opinion and views about areas of strength and areas that require improvement. Surveys can help to reduce the effects of power differences, as everyone has the same opportunity to contribute and the results will identify the diversity and range of views of everyone's perspectives. If personal interviews or focus groups are desired, it is helpful to have an outside third party conduct these and then report on the key themes. This protects the confidentiality of team members and will ensure a range and diversity of views.

Survey Process

The survey provided here is meant to be a starting place. Depending on the issues or competencies you want to find out more about, questions can be added or deleted. The planning committee will want to spend some time discussing the best questions to ask in order to discover more about the areas of team functioning you want to improve upon. Each team member should have the same amount of time to fill in the survey and be encouraged to keep their responses confidential. The surveys should be handled by only the planning team. The simple paper and pen survey provided here can be tabulated with a calculator. There are now a growing number of websites that you can use to administer surveys anonymously and tabulate results. It would be important that everyone have access to and be comfortable with this type of method. One provider that is being used by some non-profit organizations is www.surveymonkey.com. For a nominal cost, the site will help with questionnaire distribution, data collection, analysis and reporting.

Once the survey has been completed, replies will need to be analyzed. The paper and pen survey that is provided here can provide excellent information by calculating an average score per item. Another way of looking at the data that encourages attention to diversity is to focus on the range of scores. If one half of the team rates one item as a 2 and the other half rates the item as a 7, then clearly there are differing views within the team. The planning team (see the section on planning) will be the group that analyzes the data and provides the whole team with an easy to read report. At the same time, plan for a meeting where the team can fully discuss the results and decide together the priority areas for intervention. The planning team would then meet after the priority setting meeting to plan the interventions, using the activities in this tool kit or others. Remember to celebrate the areas where people feel the team is functioning at a high level.

Team Effectiveness Survey [6]

Instructions: Please give your candid opinion of this team by rating its characteristics on the seven-point scale shown below. Circle the appropriate number on each scale to represent your evaluation. Do not put your name on this. Return the survey in the envelope provided.

1. Goal Clarity

Are goals and objectives clearly understood and accepted by all members?

1	2	3	4	5	6	7

Goals and objectives are not known, understood or accepted

Goals and objectives are clear and accepted

2. Participation

Is everyone involved and heard during group discussions or is there a "tyranny of a minority"?

1	2	3	4	5	6	7

A few people tend to dominate

Everyone is active and has a say

3. Consultation

Are team members consulted on matters concerning them?

1	2	3	4	5	6	7

We are seldom consulted

Team members are always consulted

4. Decision Making

Is the group both objective and effective at making decisions?

1	2	3	4	5	6	7

The team is ineffective at reaching decisions

The team is very effective at reaching decisions

5. Roles and Responsibilities

When action is planned, are clear assignments made and accepted?

1	2	3	4	5	6	7

Roles are poorly defined

Roles are clearly defined

6. Procedures

Does the team have clear rules, methods and procedures to guide it? Are there agreed-upon methods for problem-solving?

1	2	3	4	5	6	7

There is little structure
and we lack procedures

The team has clear rules
and procedures

7. Communications

Are communications between members open and honest? Do members listen actively?

1	2	3	4	5	6	7

Communications are not open;
not enough listening

Communications are open;
people listen to each other

8. Confronting Difficulties

Are difficult or uncomfortable issues openly worked through or are conflicts avoided? Are conflicts worked through?

1	2	3	4	5	6	7

Difficulties are avoided;
little direct conflict management

Problems are attacked
openly and directly

9. Openness & Trust

Are team members open in their transactions? Are there hidden agendas? Do members feel free to be candid?

1	2	3	4	5	6	7

Individuals are guarded and hide
motives

Everyone is open and speaks freely

10. Commitment

How committed are team members to deadlines, meetings and other team activities?

1	2	3	4	5	6	7

Deadlines and commitments often
missed

Total commitment

11. Support

Do members pull for each other? What happens when one person makes a mistake? Do members help each other?

1	2	3	4	5	6	7

Little evidence of support

Lots of support

12. Risk Taking

Do individuals feel that they can try new things, risk failure? Does the team encourage risk?

1	2	3	4	5	6	7

Little support for risk   Lots of support for risk

13. Atmosphere

Is the team atmosphere informal, comfortable and relaxed?

1	2	3	4	5	6	7

The team spirit is tense   The team is comfortable and relaxed

14. Leadership

Are leadership roles shared, or do the same people dominate and control?

1	2	3	4	5	6	7

A few people dominate   Leadership is shared

15. Evaluation

Does the team routinely stop and evaluate how it's doing in order to improve?

1	2	3	4	5	6	7

We never evaluate   We routinely evaluate

16. Meetings

Are meetings orderly, well planned and productive?

1	2	3	4	5	6	7

Waste of time   Couldn't be better

17. Fun

Is there an "esprit de corps", or sense of fun, on this team?

1	2	3	4	5	6	7

Humbug!   We have fun

Plan

Planning to plan

In practice, you may have convened a planning team prior to the assessment phase. If not, now is the time to do so. The planning committee carries the responsibility for planning, implementing and evaluating the intervention. The planning committee needs to be representative of all those who will be involved in any intervention. With the results of the team assessment in hand, the planning committee can move on to planning with specific learning goals in mind. When you are planning for your intervention, keep the learning goal or improvement at the forefront of your planning. Choose learning activities based on how well the resource will match your intended outcome. For example, if the results of your team effectiveness survey showed that your team wants to strengthen their decision-making, plan your interventions by reviewing the possibilities for interventions on this theme.

Designing effective interventions

Along with maintaining a focus on a goal that is important to the team, effective interventions require adequate time to carry out the whole activity. Generating a great discussion without agreeing to apply your insights detracts from learning. Remember that much of the genuine learning that takes place for adults occurs when participants are able to synthesize and apply what is being discussed.

Investing in team development

CHCs in Ontario adopted team practice early in their histories. This way of working was consistent with the grassroots and participatory values that became hallmarks of the organizational cultures and management styles in use at most centres. When change theorist Peter Senge championed the need for organizations to change and innovate in order to reach their aspirations, he named the ability to work in teams as an essential discipline or skill for both individuals and teams who wanted to create a learning organization.[7] The AOHC research suggests that CHCs that have been successful in overcoming some of the challenges to teamwork have invested in team development:

> Team building is considered a priority, and is accomplished in a variety of ways. These include ensuring protected time for the teams to meet on a regular basis, both for task accomplishment and to

acknowledge successes, or simply to celebrate and socialize together. Team members working directly with each other meet regularly, on a day-to-day or week-to-week basis, whereas larger groupings of staff meet once a month for updates and information sharing, to insure inter-team coordination.[8]

In order to take advantage of the achievements and creativity that a high-performing team can generate, teams need to be supported to learn the skills associated with successful teamwork. Due to the rapid growth and changing environment for CHCs in Ontario, interdisciplinary health care teams will be evolving, adding and losing members and responding to new health and community concerns. This means that teams and their leaders must know that team development is cyclical and recurring.

Who will facilitate?

In your planning, you will want to consider who will facilitate the interventions. Team members can readily facilitate many of the discussions and activities included in this resource. This can provide a safe place to try out different facilitation styles and methods, share power and to grow in leadership.

At times, it may be counter-productive for a team member to facilitate. Juggling the role of facilitator and team member can prevent a team member from fully contributing or can, in some instances, feed into negative power dynamics.

Another option is to ask a trusted and credible member from another team or from another CHC to facilitate. This can promote some cross-fertilization between programs or centres and provide opportunities for development for staff, as long as boundaries and authority are clear.

Internal facilitation may not be the best choice if there is a complex, difficult or conflict-laden issue to work through. The objectivity and experience of an outside person familiar with team dynamics and change theory may be a better choice. Experienced, ethical consultants and professional facilitators will always ask to assess the team for themselves, by circulating a survey or by conducting interviews. The resource person should recommend, or be willing to work with, an internal planning committee and should model the conduct of effective teamwork with you. The facilitator should have well developed skills in managing group and team dynamics.

Stages of Team Development

All teams go through stages as they develop. Although research has been unable to confirm that phases of development are necessarily sequential or universal, practice has shown that recognition of these characteristics of team functioning is helpful in understanding what is happening in a team, why it is happening, and what to do next.[9] First proposed in 1965,[10] the Forming Storming Norming Performing model of stages of group development continues to resonate with people and is still widely studied and applied to teams. Later, the stage of Adjournment was added to the model.

The model suggests that as any team develops, it goes through fairly predictable stages and has specific developmental milestones to achieve. The value of the model is that it can provide assistance to both members and leaders at each stage of development. The planning committee will want to think about the stage of development that the team is experiencing when designing interventions. Each of the modules in this tool kit suggests some ideas about the appropriateness of the activities based on the stages of development model.

Forming: Stage 1

This initial phase of development is usually experienced by a new group, by an ongoing group confronted by a new task or a new structure or by a change in group membership.[11] It has been suggested that a new leader always means that a team will need to 're-form.'[12] Both the turnover in staff and the changes to managerial structures in CHCs that were identified in the AOHC research[13] mean that many teams will need to go through reforming frequently. This can be frustrating to those members and/or leaders who have been on the team for a long time. As one participant in the AOHC research noted, "it is a challenge not only integrating the new people, but also helping people who've been here a long time to understand that things are not going to be the same."[14]

In the forming stage, there is a high degree of dependence on the leader for guidance and direction. The emotional climate is one of uncertainty.[15] Members experience a range of emotions including pride in being a member, excitement, anticipation, but also anxiety about what is to come.[16] There are concerns about being accepted and feeling safe. People will ask (or be thinking) questions such as, 'What are the rules here?', 'Will people like me and respect what I have to

say?', 'What is expected of me?', 'Do I belong here?' and 'Do I *want* to belong here?'. There is little agreement between members on team aims other than those that are determined by the leader. Individual roles and responsibilities are unclear. The leader must be prepared to answer lots of questions about the team's purpose, objectives and external relationships. The focus for the leader should be to set the climate by providing structured activities for people to meet, to learn about each other's roles, to develop communication and interaction in order to build a sense of trust. The leader needs to take an active role in helping the group members feel accepted.[17] Members of a team in the forming stage are likely to be thinking, "Regardless of how much it makes sense to the leader of the group, the situation in which I find myself must make sense to me."[18] It has been suggested that because the work of forming seems separate from the tasks of the team, many teams try to ignore this stage and will not be as successful as a result.[19]

Storming: Stage 2

Once people feel comfortable with each other, a transitional stage in team development follows, wherein people are willing to take more risks. Ideas and opinions are readily offered and members try and influence the direction of the team.[20] Power and control are the key issues. People use testing behaviours to elicit boundaries, communication styles and personal reactions from the other team members and from the leader. Such behaviours may include disagreement with the format of meetings and the topics being discussed.[21] Team members vie for position as they attempt to establish themselves in relation to other team members and to the leader, who might receive challenges from team members. Cliques and factions form and there may be power struggles. The emotional climate of the group is one of conflict.[22] People experience frustration, with some withdrawing to avoid conflict and others resisting the team tasks.[23] A focus on the team goals can help the team avoid becoming distracted by relationships and emotional issues. A primary role for the leader is to model acceptable conflict behaviours and to ensure that controversy and diversity of opinion are valued and accepted.[24] It is during the storming stage that differences among health care providers on an interdisciplinary team will likely be highlighted. One participant in the AOHC research articulated what was wanted from the leader:

> *A manager has to be willing to get in there and encourage somebody to speak up and defend them. I think it really helps when a manager is not*

afraid of conflict…the manager doesn't seem thrown off by it or seems to welcome it.[25]

The AOHC research suggests that having a process in place for managing conflict is an important support to interdisciplinary teams.[26] This is the stage of group development that would benefit most from such a process. Developing and implementing agreements on how decisions are to be made and who will make them can also assist teams to weather the storm.[27]

Norming: Stage 3

Out of the conflict will emerge newfound cooperation.[28] Agreement and consensus are largely formed among the team members, who respond well to facilitation by the leader. Roles and responsibilities are clear and accepted. Big decisions are made by group agreement. Smaller decisions may be delegated to individuals or small teams within group. Commitment and unity are strong. For interdisciplinary teams, this stage is one of developing unity and seeing themselves as a 'real' team. The team may engage in fun and social activities and the emotional climate is one of cohesion. Team building exercises are helpful in this stage: Professional development, especially during centre retreats, provided an opportunity to "step back and put some perspective [on the situation]", as one team manager noted.[29]

There is general respect for the leader and some leadership is more shared by the team. The leader can assist the team in this stage in several ways. Actively participating with the team as it develops its norms, standards and guidelines for working is important,[30] as is fully utilizing everyone's skills, knowledge and experience.[31]

Performing: Stage 4

The team is more strategically aware and knows clearly why it is doing what it is doing. Cohesion develops to a stronger degree so the team is free to work on issues as they relate to the accomplishment of team goals.[32] The team has a shared vision and is able to stand on its own feet. The team has a high degree of autonomy. Disagreements occur but now they are resolved within the team positively, and necessary changes to processes and structure are made by the team. The team is able to work towards achieving the goal, and also to attend to relationship, style and process issues along the way. Team members feel validated, respected and cared about as persons,[33] and the emotional climate is one of interdependence.[34] Team members might

ask for assistance from the leader with personal and interpersonal development. The task for the leader is to support the cooperation, help the team manage change, advocate for the team with others and celebrate the achievements.[35] A health promoter in a CHC described her team in ways that are indicative of a team at the performing stage:

> *[We] have sort of a mission that we know what to achieve, how to achieve and through this we also respect each other's expertise and also who is good at doing what. And so we know how to problem-solve … and have a trust in each other's ability as well as in each other … we all trust each other that we will put the goal [first] … instead of focusing on each other's differences. Of course … we should also understand each other's differences and … each other. But I think in the process of doing that, it's most important to respect each other … And be supportive of each other.[36]*

Adjourning: Stage 5

For teams that were created for a specific task, the stage of adjournment eventually arrives. Even if there is no reason to continue and the task has been completed, members often find it difficult to let go of what may have proven to be a fulfilling experience.[37] The ending creates apprehension for the team and has been described as a minor crisis.[38] The leader's role is to help the team express their feelings and accept the separation. Good closure for a team includes evaluating the team's work, documenting their process and outcomes and sharing the experience with others.[39]

Adjourning or Reforming — Forming — Storming — Norming — Performing

Team Development Stages
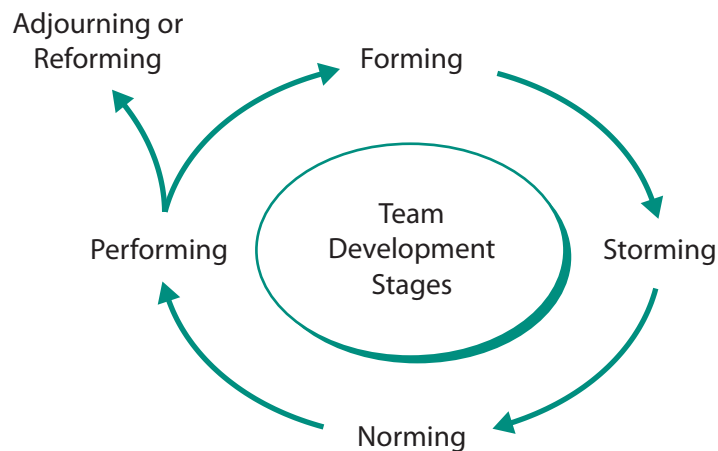
Intervene

Intervention, as used in this resource, describes activities that are part of planned organizational change.[40] Interventions can be simple or complex, such as asking well-framed questions on the assessment survey, facilitating various stages of a multi-component training and development plan or introducing coaching and mentoring strategies. The modules in this resource include tools and processes that focus on interventions that the whole team can participate in. A few also lend themselves to personal reflection. They have been chosen because the competencies in each are associated with the characteristics of effective interdisciplinary teamwork identified in the AOHC research and confirmed by the literature review.

Each module begins with a rationale that provides you with some background about the importance and relevance of the competency. Sample learning objectives are stated, followed by learning activities you can adapt to your team and their needs and interests. The module includes steps you can follow in facilitating the learning activities, along with worksheets or handouts you can use to support the activity. Resources for further exploration on the topic are provided at the end of each module.

▷ Module 1: Team Vision

1.1 Introduction and Rationale

The Best Practices in Interdisciplinary Team Work research project identified developing a shared philosophy and set of values as a best practice that enabled high performing interprofessional teams in CHCs.[41]   A philosophy that values participation, fairness, freedom of expression and interdependence is essential for the development of collaboration.[42] Scholars of team effectiveness define high performance teams as "groups of people with complementary skills who are equally committed to a common purpose, goals, and a working approach for which they hold themselves mutually accountable" and have "members [that] are also deeply committed to one another's personal growth and success."[43] To assist your team in developing this working approach, this module contains ideas for developing a shared vision. Other modules include suggestions for discussing values and agreeing on team goals. By discussing visions together from time to time, your team will set the stage for clear, shared goals and respectful working relationships, which are two other prerequisites for effective teamwork. By discussing vision and values together, you also begin a dialogue that articulates the shared approach that supports teams and high quality work.

By building a shared vision, you engage the analytical and creative aspects of your team, creating a space for reflection and inspiration that nourishes team members in the challenging tasks and environments that permeate primary health care.

Vision means an ideal and unique image of the future for the common good. It implies a choice of values and something that brings meaning and purpose to our lives. Visions are statements of destination and describe the ends of our labour. Visions give focus to human energy.[44]

1.2 Learning Objective for the Module

- Team members will have a greater awareness of the role of vision in contributing to personal and team effectiveness.

- Team members will articulate elements of personal and team vision that contribute to a shared philosophy that inspires teamwork.

1.3 Considerations for Use and Facilitation Notes

Vision activities are most useful when the team is forming, when re-forming after some turnover, or when the team is feeling stagnant and needs to re-engage head and heart in their work together. This type of activity often leads to personal and team reflection that facilitates regeneration.

Vision activities can set a positive tone for beginning a retreat or a team building workshop. Teams of 8 - 12 can carry out this activity in approximately 90 minutes. If you are not doing this as part of a retreat, allow enough time for people to shift gears from their usual workplace responsibilities. If you are working with a larger group, you will need to consider how to manage time for everyone to speak, such as breaking in to smaller groups and pooling the contributions into the team vision. Vision activities can be lead by team members or team leaders. Consider outside facilitation when you want everyone to be able to participate fully or if there are deep differences in philosophy or approach that need to be explored. Vision activities would be out of place when the team has a specific problem to solve.

1.4 Learning Activity: Vision

One way to articulate your shared philosophy for team accomplishments and approach to teamwork is to explore, then merge, your visions for what you are seeking to accomplish together. Begin with presenting an overview of what vision is and how it differs from the more concrete goals and objectives usually discussed in our work. Share your purpose for the session. For instance: This session will allow team members time to connect with their personal vision for their work and share some of their thoughts to contribute to a shared vision for the team and their work together.

Encourage an atmosphere of reflection and creativity.

(Option: You might consider dimming overhead lights or playing soft background music if your team will experiment with these approaches.)

Remind participants that there are no right or wrong answers. This is an opportunity for meaningful dialogue with co-workers about what matters to them in their work together.

> ### Promising Practice Example
>
> *Flemingdon Community Health Centre and the Anne Johnston Health Station* in Toronto are co-sponsoring a diabetes prevention program. Before hiring the new staff for the program, the CHCs met to discuss the vision, values and cultures of each centre in order to ensure that the staff members who were hired would be able to work with and feel comfortable with the teams in both centres.

Step 1: Ponder and Write

Take some time for individual writing and reflection. Provide copies of the *Vision Worksheet* included in this section for each person and encourage participants to daydream, muse and generally get in touch with their own thoughts. The goal is to see in your mind's eye a desired future state –in this case, a strong, effective team. You might wish to distribute and discuss the *About Visions…* handout to help situate and distinguish vision from organizational mission, vision and values statements.

Step 2: Share

Depending on the size of the group and how well they know one another, you may decide to proceed to the next step in smaller groupings of 4-6 people. Ask participants to describe to other members of the team what they have generated, with the proviso that some personal reflections can of course remain private. Participants share only what they are comfortable to share. Have each person describe the important elements that are in their vision and why these are meaningful to them. When each person has contributed, have the participants discuss what they have heard, noting commonalities or differences.

Step 3: Report and Synthesize

Ask participants to create a report back that synthesizes and represents everyone's contribution. The emphasis is on synthesis and inclusion, strengthening the whole, not moving to the lowest common denominator. Emphasize creativity and inspiration and encourage the use of analogies and symbols. Ask the groups to avoid words and lists and to instead draw or depict their conversation in illustrations. (Option: Have collage materials on hand and encourage three dimensional creations.) Encourage laughter and fun, as well as discussion.

Step 4: Display

Have each group display and explain their creation to the remainder of the participants.

Step 5: Discuss and Agree

Facilitate a learning-focused discussion with questions along these lines:

- What are your reactions to this experience? To envisioning?

- What similarities emerged? Differences?

- What would you like to keep from this discussion? Why?

- What are the "ends" you are working towards?

- Is our team vision aligned with the overall Centre vision?

- How can we apply this in our teamwork?

- How can we keep our dream ("ends") alive, given the other demands of our work?

Conclude with agreements and assistance to translate the outcome and/or products into a written statement. The team vision statement can become part of the record of the team's work and can be used to orient new members or to set the tone for teamwork on values. If desired by the team, find a place to post the creations as a prompt or as a memento of their work.

1.5 Resources

Senge, P. (1990). The Fifth Discipline: The Art and Practice of the Learning Organization. New York: Doubleday.

This book is an excellent overall resource and was the main influence for the development of the concept of the learning organization. It contains an extensive section on the importance of visioning and would therefore be a good reference for those who are interested in the topic in more depth.

Vision Worksheet[45]

A compelling vision inspires and guides your work. It is a picture in your mind's eye of a desired future state, what you aspire to. A good vision statement articulates what is worthwhile and creative in your endeavours. To start you thinking about your vision for the team, consider:

1. What is your ideal and unique image of the future for the team? What are your hopes, dreams and aspirations for the team?

2. What is your ideal work community?

3. What do your clients or the people and communities you serve really need that you could provide?

4. What images come to mind when thinking of our team in the future?

5. What does it look like, sound like, taste like, feel like? What symbols or pictures best represent your vision of the future?

About Visions…[46] Handout

- A vision engages your heart and spirit.

- A vision taps into embedded concerns and needs.

- A vision asserts what you and your colleagues want to create.

- A vision is something worth going for.

- A vision provides meaning to the work you and your colleagues do.

- A vision is cloudy and grand compared to a goal.

- A vision is simple.

- A vision is a living document that can always be expanded.

- A vision provides a starting place from which to get to more and more levels of specificity.

- A vision is based in two deep human needs: quality and dedication.

▷ Module 2: Team Values

2.1 Introduction and Rationale

Many CHCs have developed participatory processes for involving staff and community, such as board members, in creating Values Statements. These statements tell the wider community the values that the centre seeks to promote and act upon and they are one of the mechanisms CHCs can use to demonstrate accountability. Sharing values at the team level emerged as a recommended best practice from the research conducted in the Ontario CHCs. Though the overall goals for the centre are usually set by the management team and Board of Directors, input from staff is deliberately solicited and incorporated into a shared philosophy, which then becomes the guide for all important decisions.

As one community team manager expressed it:

> One (factor in sustaining high performance) is a clear sense of purpose that the team has. A clear sense of what our role is, as having this responsibility for being, in many ways, mediators between the health centre and the community that we serve, and in valuing that role.[47]

Shared values create the foundation for authentic and effective working relationships within organizations and teams. The process of finding common ground builds a common language and contributes to articulating a shared philosophy for teams to discuss different points of view and manage potential conflicts.

> Shared values are the result of listening, appreciating, building consensus and practicing conflict resolution. For people to understand the values and come to agree with them, they must participate in the process: unity is forged, not forced.[48]

Many centres expend considerable effort to create centre-wide visions and values statements that guide organizational direction and decision-making. The values that guide your centre should be reflected in your teamwork, along with making your team values discussion more specific to your team. You will want to ground your discussion to be explicit about the values that are relevant to the particular task that you are formed to address. You will want to examine the values that you will act on in your treatment of each other as team mates in carrying out your task and the values that you have about the process itself.

Promising Practice Example

The West Elgin Community Health Centre in rural Southwestern Ontario has begun to develop wellness initiatives for all staff. With guidance offered through the local Public Health Unit, an internal Wellness Works committee has been established, meeting regularly to plan and initiate wellness strategies focused on the specific needs or areas of interest of the staff members themselves. This is seen as a way of fostering physical, social and emotional health by providing opportunities for getting to know each other better and learning about wellness issues in the workplace.

A discussion about values can highlight that people bring to the workplace unspoken and taken for granted values that are shaped by family, by community experience and by culture. Bringing the differences in values to the surface is an important step in understanding each other, the assumptions that we make and where we are similar, as well as where we are different.[49]

By discussing your vision for the team, the values that will guide your work and your team goals and roles, you will have created the shared understanding of purpose and philosophy that articulates what your team exists to do and how you will go about it.

2.2 Learning Objective

Team members will articulate the values that will guide their teamwork.

When to use this activity:

- Use a values activity each time a new team is convened.

- A temporary project team might emphasize a few values particularly relevant to the task at hand.

- Remember to re-visit team values every time someone new joins the team to assist in the re-forming the team. The existing team needs to be open to the perspective that a new team member brings and the new member needs to be oriented to the team's approach by hearing about the values that inform the team's work.

- Re-visit values every two to four years in long standing teams.[50]

In addition to facilitating the forming stage, you could be alerted that the team is in need of discussing values if there are conflicts emerging or if decision making seems cumbersome.

2.3 Considerations for Use and Facilitation Notes

Values exercises can be readily done in groups of 8 - 12. Larger teams can be divided into smaller discussion groups, with the results pooled for a large group conclusion. Values discussions can vary tremendously in length of time to allow for real agreement and learning. Members with team experience, coming together for a time-limited task, can identify and exchange views on relevant values in 15 - 30 minutes. Teams coming together for a longer time, with greater responsibilities,

with greater diversity in experience, disciplines or roles, will need much longer. Developing a set of shared values that informs practice over time may require periodic revisiting as team members develop more nuanced uses for the values. Values exercises can be done at any stage of development. In the forming stage of team development, having discussions about values helps the team develop cohesion. Revisiting values during the storming stage can help to ground discussions and decision-making. Values discussions can be facilitated by a team member or be facilitated by the team leader. If the team is experiencing conflict or decision-making difficulties connected to values, or has serious ethical concerns to examine, you will want to arrange for an experienced facilitator, preferably someone outside of the team, to lead this discussion.

2.4 Learning Activity

Step 1: Dialogue

Facilitate a team discussion on relevant values:

To the task:

- What values are relevant to what the team is convened to do? Why?

To the process:

- What ways of working and relating to each other are important here? How do we want to work together?

To get started, consider:

- What organizational or Centre values are especially relevant to this team and our particular task? Why?

- What values will be particularly important for teamwork in this setting or on this project? Why?

You might find it useful to have team members complete all or some of the handout, *What values are important to you…* as an aid to beginning this discussion.

Take time to **explore the rationale** for each value, as this will assist with developing meaning together, rather than going through the motions. For example, you might identify that you value trusting working

relationships or collaboration. Take some time to describe to each other what these "look like" to you. If all members subscribe to the value of collaboration, what will you see in your interactions with one another? What would be an example that would be interpreted by other team members as *not* collaborating?

- What personal values are important for me to share with the team in this setting?

- Are there any serious ethical or value-laden issues we should discuss?

    If you identify important ethical considerations that require a detailed discussion, be sure to create a process and allow for adequate time to conduct this discussion through to resolution.

If you are facilitating a longer version of this activity, you might wish to begin with a time for quiet individual reflection before moving to group discussion.

Step 2: Facilitate Agreement

Draw the dialogue to a close and identify the values that the team has agreed upon. List any values that may require more dialogue or discussion, if any, and agree upon a time for them to be reviewed.

Step 3: Write the Results

Record the results of the team's deliberations for future reference and distribute to each person. Make it a practice to refer to the values when they are used to support teamwork.

Many people find it meaningful to take time to reflect on their personal values and consider how their values connect with their work. Team members may wish to use the questions on the handout, *Your Personal Values* to stimulate some personal reflection or you can select a few questions from the handout to deepen a values discussion among the team.

2.5. Resources

Kouzes, J. and Posner, B. (2002) *The Leadership Challenge* (3rd ed.) San Francisco: Jossey Bass.

Promising Practice Example

The London Inter Community Health Centre in London, Ontario holds a social event every year that helps the Board and staff get to know each other. The agency rents a pool hall for the evening and supplies snacks and non-alcoholic beverages. This helps develop relationships among the Board and staff that supports the value of working as a whole centre team.

This book reviews the role of values in personal and organizational life in the context of increasing personal and organizational leadership, including excellent questions for examining values.

What values are important to you…

- In the work of this team or project?

- In your work with other team members?

- From your CHC or organizational values?

- Personally?

_____

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Your Personal Values

Some people find it helpful to reflect on their personal values from time to time as a way of staying in touch with what matters in their working life. If you find that self awareness and reflection help you to clarify your own values, you might enjoy pondering, writing about or discussing a few of the following prompts:

- What do you stand for? Why?

- What do you believe in? Why?

- What are you discontent about? Why?

- What brings you suffering? Why?

- What makes you weep and wail? Why?

- What makes you jump for joy? Why?

- What are you passionate about? Why?

- What keeps you awake at night? Why?

- What's grabbed hold and won't let go? Why?

- What do you want for your life? Why?

- Just what is it that you really care about? Why?

(Kouzes and Posner, 2002, *The Leadership Challenge*, p. 87)

▷ Module 3: Communication

3.1 Introduction and Rationale

If you are drowning in email but people still feel 'out of the loop', or if the systems that you had are inadequate for the complex organization you have become, and you spend more time communicating about what you are doing than doing it, you are not alone. The AOHC project identified that although very open lines of communication are recognized as necessary to effective teamwork, one of the major challenges to team-functioning in Ontario CHCs is ensuring effective communication.[51] Effective communication contributes in several ways to interdisciplinary teamwork. It has been suggested that teams emerge through the process of communication. It is the way that they achieve their objectives.[52] Being able to communicate and discuss concerns both formally and informally was identified as important to reducing the stress of the work in the AOHC research project. Participants suggested that casual face to face encounters provided support and assistance to team members in their roles.[53] Poor communication was identified as a barrier to resolving conflict.[54] The awareness and respect for each other's strengths that is important to collaboration requires communication both within each team, and across all programs and services.[55]

CHCs in Ontario are experiencing structural challenges to their ability to ensure communication. Rapid growth, staff turnover and the emergence of multiple sites were identified as affecting the ability to adequately communicate within centres. In the past, staff have usually been co-located. Many study participants felt that co-location improved informal communication and made it easier to arrange formal meetings:

> *[Being together is] is so much better because you are bumping into people in the hallway or kitchen….which results in a lot of teambuilding, a lot of networking…whether it was about one client or one program or something that is going on in the community.[56]*

The loss of the more informal face to face communication that is possible in smaller organizations is lamented by some staff in larger organizations.[57] As centres have grown, communication between teams, sites and all levels of staff has become a challenge:

Promising Practice Example

*The current Executive Director at the **Barrie Community Health Centre** develops a 2 to 4 page staff newsletter each month that contains all kinds of information. It arrives in each staff person's mailbox and contains information about what is happening in the centre and personal information such as births, anniversaries, marriages and retirements. Staff members look forward to reading it and it is missed if for some reason it does not appear one month.*

It is getting harder to keep track of what everyone is doing, so the communications piece of how do you keep everyone informed without over-inundating people with information? [58]

CHCs are using a variety of innovative strategies to ensure effective communication.

Newsletters are being used by some centres and videoconferencing by others.[59] Staff retreats that allow informal social time, team-building exercises, email bulletins, and all-staff presentations are some of the other practices being used to facilitate communication.

3.2 Learning Objectives for this Module

- To identify those aspects of communication that are working well and those that require improvement.

- To develop a plan for addressing the areas identified as needing improvement.

3.3 Considerations for Use and Facilitation Notes

Assessing all aspects of an organization's communication systems and processes is becoming more commonplace within organizations. The activity is best done as a whole organization. If the centre is very large, representatives from the varied programs, services and teams can represent their teams in the discussion. Involving as many people as possible will ensure depth and variety of assessment data. It will also build ownership and shared problem solving. Larger organizations may want to have an assessment done once every two to three years.

Looking at communication in the team and/or organization is helpful at any stage of development. Establishing and working on agreements for how the team will work together is one of the key tasks of the Norming stage. By the Performing stage, communication needs to be well-established and open.

Teams can do this exercise on a smaller scale for the information and communication that they have control over. If communication has been identified as a problem area in the CHC, it may be helpful to have outside facilitation. Otherwise, the activity can be facilitated internally. The exercise is most effective in groups of at least 15 - 20 people. If your team is a small one, you may adapt the exercise by brainstorming

the questions in a group. If done according to the steps outlined, the total exercise takes 90 minutes.

3.4 Learning Activity: Assessing the Strengths, Weaknesses, Opportunities and Challenges of your Communications

A widely used method for assessing the characteristics of communication in an organization is called a communication audit.[60] The Communication Audit handout lists the areas that could be reviewed in the audit. The method for the audit suggested here is a group interview. Participants in the activity interview each other through a structured process and then report back the findings to the whole group. Each group is assigned one of the four questions in the handout entitled *Questions for Communication Audit*. You can customize the audit by choosing to conduct the interviews based on all of the areas in the *Communication Audit* or you can focus on specific items that are of concern to your team.

Step 1: Interviews

Divide the participants at random into 4 groups, with an equal number of people in each group. The members of Group One will interview each person in the larger group about Question 1. The members of Group 2 will interview each person in the larger group about Question 2 and so on with Group 3, Question 3 and Group 4, Question 4. Interviewers take notes on the replies that they elicit. There will be some chaos and confusion as the team sorts out their roles as both interviewers and interviewees. The interviews are completed when everyone in the room has been interviewed about each question. This usually takes 30 - 45 minutes. The interviews happen simultaneously, but each interview should be one-on-one. People will need to move around the room to find other participants to interview. Having each question on a different coloured paper with one copy per interviewer helps the exercise go smoothly.

Step 2: Summarize

The groups reconvene into the same groups as they started: Group One together, Group Two together, and so on. Each of the four groups should now have all the answers to their respective question. Each group then discusses what they heard and summarizes the answers. This step takes half an hour.

Promising Practice Example

The Grand Bend Community Health Centre in Southwestern Ontario has developed a web based shared calendar where each staff person lists their activities such as all centre events, committees, workshops and meetings. This has been a great help in letting everyone know what other staff are involved in and what is going on at the centre.

Step 3: Report Back

As each group reports back the summary of the answers to their questions to the large group, record the answers on flip chart paper.

Step 4. Develop a Communications Plan

First, facilitate a discussion to achieve consensus about the priority areas for improvement. Then develop a beginning plan. For example, if interpersonal communication was identified as needing improvement, the plan might include training in active listening, reflecting and giving feedback. If excessive use of email and not enough use of verbal communication are highlighted as problems, developing norms for email use might be appropriate. Because issues of communication pervade all aspects of organizational functioning, it may be helpful to have an ad hoc committee manage the plan to ensure that the good ideas generated by the audit are implemented, monitored and evaluated. A written work plan can ensure follow through on decisions made.

3.5 Resources

Robbins, S. & Hunsaker, P.L. (2003). *Training in Interpersonal Skills: Tips for Managing People at Work* (3rd ed). New Jersey: Prentice Hall.

> An accessible resource with many exercise and self-assessment checklists about interpersonal communication. The title implies the resource is for managers, but it would be helpful for anyone wanting to work on their communication skills.

Gallois, C. & Callan, V. (1997). *Communication and Culture: A Guide for Practice*. New York: John Wiley & Sons.

> A practical hands-on resource that looks at how culture influences values, social rules, self expression, relationships and social identity. A resource for anyone who wants to become more culturally competent.

Tosca, E. (1997). *Communication Skills Profile*. San Francisco: Jossey-Bass.

> An excellent resource that people can use to assess their strengths and areas for improvement in interpersonal communication and then develop an action plan for addressing areas that need attention. The assessment can be completed by individuals or teams.

Promising Practice Example

The NorWest Community Health Centres in Northwestern Ontario includes three geographically distant sites: Armstrong, Longlac and Thunder Bay. The professional and paraprofessional members of the Centres' interdisciplinary teams use video-conferencing to enhance communications across the sites. In one example, Nurse Practitioners have been exploring the use of video-conferencing as a method for tele-mentoring.

Communication Audit

The following were all mentioned in the AOHC research as important to communication in interdisciplinary care:

1. Informal communication in the course of the workday

2. Interpersonal communication (e.g. active listening, reflecting, giving feedback)

3. Timeliness of communications

4. Written and verbal communication

5. Written, verbal and electronic communications about clients

6. Written and verbal communications to clients.

7. Communication within teams (Intra team)

8. Communications among teams (Inter team)

9. Communication across the organization

10. Use of technology in communication

11. External communications

12. Inclusiveness of communications

Interview Questions for the Communication Audit

1. What are the **strengths** of our current communications in this/these areas?

2. What are the **weaknesses** of our current communications in this/these areas?

3. What **opportunities** exist for us to become more effective, innovative and creative in our communications in this/these areas?

4. What are the **barriers/challenges** that we need to address to improve our communications in this/these areas?

▷ Module 4: Collaboration

4.1 Introduction and Rationale

The body of literature related to interdisciplinary collaboration in primary health care in Canada is extensive and has grown rapidly over the last few years. After several years of work in primary health care reform, it is now widely accepted that interdisciplinary collaboration is essential if the highest quality primary health care is to be provided to Canadians.[61]   The Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative defines collaboration as:

> An interprofessional process for communication and decision making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client/patient care provided... [62]

In a recent major policy paper, the Canadian Health Services Research Foundation has added that:

> collaboration is a process that requires relationship and interaction between health professionals… and varies depending on the complexity of health care needs and the numbers of professionals working to address those needs.[63]

For CHCs that serve complex and varied community and individual needs, collaborative care has been an important aspect of their 30 year history and development. Data from the AOHC Best Practices in Interdisciplinary Teamwork research project suggests that awareness of and respect for the differences and strengths that each discipline brings is important in providing a firm foundation for effective working relationships.

According to one physician the goal is to ensure:

> *That everybody takes advantage of everybody else's skill and strengths so that the people we are trying to serve get the best kind of care and services that they can and that's not withheld just because there are people concerned with overstepping turf and boundaries...working towards the same goal…work together collaboratively around problems that arise…. we respect each other.[64]*

This finding is in keeping with a variety of other studies that have found that a willingness to collaborate, trust, and communicate with

Promising Practice Example

The Teen Health Centre in Windsor has found an interesting way for staff to understand each other's role in the team. From time to time, staff members shadow each other for up to one full day. The person shadowing learns about the role, the workload and some of the stresses of the other person's job. Both people learn how their roles are interdependent. The shadowing benefits the teamwork immensely.

others and to demonstrate respect are necessary for collaboration to work.[65] Understanding different professional cultures can also go a long way to foster trust, and convey respect to members of the team.[66] A challenge for collaborative practice is that "each health profession has a different culture, including values, beliefs, attitudes, customs and behaviours"[67] and yet, it is seen as essential to the development of a collaborative relationship that each discipline understand the other's role.[68] Traditionally, health care professional training and self regulated professional associations recognize their own defined body of knowledge and skills. As one health promoter explained:

> *For training of different disciplines, there has never been any integration—doctors get their clinical training, nurses get their clinical training....so we are all trained….in our training we never touch the work of other people.* [69]

Within the Ontario CHCs, differences in professional background were found to occur between clinical and health promotion teams.[70] As one physician noted in discussing the differences between clinical teams and health promotion teams, "the reality is our disciplines on a day to day working basis are relatively different in how we approach problems." [71] Differing philosophies of practice and competing priorities were found to be more pronounced between the clinical teams and the community program teams.[72] These differences can be a challenge between teams as well as within teams, particularly if the team members come from diverse educational and professional backgrounds.[73] An essential aspect of collaboration is knowing about, being aware of and understanding each other's discipline and the culture of that discipline. Data from the AOHC Best Practices in Interdisciplinary Teamwork research project suggests that cross-program initiatives, staff retreats and consistent leadership help to sustain a healthy climate of trust and respect. Awareness of each discipline's strengths and perspectives is difficult to achieve as centres grow, and as the staff numbers increase and turnover. Team building exercises, retreats and management support can assist teams to respect their individual and collective competencies.[74] "Understanding each other better" was widely viewed as one of the primary reasons for team building activities. Team-building activities include exercises, retreats and social/recreational activities; centre-wide training sessions that enhance awareness, understanding and the ability to work collaboratively.[75] Cross-program initiatives provide opportunities for clinical and community staff to meet, engage in dialogues and build better professional and personal

relationships.[76] The personal and professional benefits of creating and participating in collaborative practice in CHCs were described by a social worker:

> *Wow, the interprofessional approach...how much I learned from that... from listening to people from another profession, from working with them, hearing their perspectives on things, piecing it together...I really felt that made me a much better practitioner, because I wasn't doing tunnel vision. I had a much broader scope. It also helped me have a much better understanding and respect for other professions and what they do and what they have to put up with.*[77]

4.2 Learning Objectives for this Module

- To develop skill in reflecting on one's own values and beliefs and strengths.

- To become aware of the values, beliefs and strengths of the other professions/disciplines and roles in the CHC.

- To develop knowledge and awareness of the strengths and weaknesses of your team and/or organization in terms of collaboration.

- To develop skills in planning for improvement for individuals and teams.

4.3 Considerations for Use and Facilitation Notes

The following activities will be of assistance in any stage of team development. During the forming stage, it will help clarify the differing philosophies and approaches among the team members within the team. The exercises can also contribute to awareness and respect between teams if two or more teams are brought together. Teams that have been together for a while may know and understand each other's professional culture, but new people or additions of new professions will require devoting time to ensuring the awareness of each others strengths is maintained. The exercise is most effective if a wide variety of professions are involved. For the depth of awareness and discussion necessary to achieve the objectives, a half day will be necessary. The activity could be internally led by one or two people from different disciplines. If there has been conflict regarding values or roles, it may be helpful to have an outside facilitator.

Promising Practice Example

Saskatoon Community Clinic has created the position of Director of Interdisciplinary Client Care to enable greater linkages between disciplines. The position is used to facilitate planning and evaluation in the areas of health promotion, disease prevention and chronic disease management and to facilitate communication with other department heads and staff members. The Clinic has supported high levels of collaboration between professionals through their practice of maintaining a variety of health disciplines in-house. Nursing, Medicine, Pharmacy, Physiotherapy, Occupational Therapy, Nutrition and Laboratory are all represented on site, promoting both formal and informal methods of communication and collaboration.

4.4 (a) Learning Activity: Recognizing the Diversity of Values, Beliefs and Strengths on the Team

Step 1:

Generate a brainstorming discussion about the team's understanding of interdisciplinary care. If your team has recently completed a Vision or Values exercise, these can also be referred to during the discussion.

Step 2:

Group people according to their profession, discipline or area of work, such as nurses with nurses, health promotion with health promotion. If there is only one person of a particular discipline, that person will need to work alone or with a very similar profession. Provide copies of the Diversity of Values Beliefs and Strengths Handout. Each person in the group should take a few minutes to reflect on and to write down the answers to the questions before discussing them with the other members in their small group.

Step 3:

Each group reports back from their small group discussion. Encourage the rest of the group to ask only clarifying questions until all groups have reported back.

Step 4:

Facilitate a full discussion of the differences between the professions, disciplines and areas of work. Ask the group to consider the implications for collaboration. Next, facilitate a discussion of the similarities and the implications for collaborative practice. What can the team do to address the potential areas of tension due to the differences? Relate this back to the list developed in Step 1.

4.4 (b) Learning Activity: Collaboration Audit

Step 1:

Generate a brainstorming discussion of the benefits of collaboration in your team and across teams or within the whole organization. Consider questions such as: What are the benefits to our clients? What are the benefits to us as providers? How is collaboration the same or different within teams? Or across teams? What are the advantages of collaboration? What are the disadvantages?

Promising Practice Example

Nor'West Co-op Community Health Centre in Winnipeg has been facilitating interdisciplinary collaboration by utilizing integrated client record and integrated client goal sheets. The Centre reached an agreement with the Winnipeg Regional Health Authority regarding the Personal Health Information Act that has allowed for an integrated primary health care and mental health record. All progress notes, assessments, consultations and client plans are now being used by the whole primary health care team. The team also uses an integrated client goal sheet that documents client driven goals to further assist with the continuity of care. These records are complemented by integrated case meetings where complex client case issues are discussed and care is coordinated.

Step 2:

Distribute the three pages of the *Collaboration Audit* to each participant. You will need to decide what team or teams you are going to refer to in the audit. Each person in the group should take a few minutes to reflect on and write down the answers to the questions. There should be no identifying marks on the question sheets.

Step 3:

Divide the group so that there are 3 groups of people. The group size can be anything from 2-8. Each group will analyze and report on the findings of five questions. Group 1 will report on Questions 1-5, Group 2 will report on Questions 6-10 and Group 3 will report on Questions 11-15. You will need to photocopy the answer sheets so that each group has all the answers to the questions they are to report back on. In analyzing the answers, have participants consider the average score but also the range and diversity of answers.

Step 4:

Facilitate a full discussion of the areas of strength and those that require some work (any average score below 4). What can the team do to address the weak areas? What barriers need to be overcome? What organizational supports are needed? What will be the plan for ongoing monitoring and evaluation of any strategies that are made?

Step 5:

Ask each participant to write down on a piece of paper three items of the audit that they feel they will commit to working on. They are not required to share this with another person. However, in a group that is in the performing stage, there would be enough trust for people to share with their peers what aspects of collaboration they are working on and ask for feedback on their progress.

4.5 Resources

1. Hall, P. (2005). Interprofessional Teamwork: Professional Cultures as Barriers. *Journal of Interprofessional Care*. May, Supplement.

This article discusses how each health profession has developed in a social and historical context and how the process of "professionalization" can act as a barrier to collaboration.

Promising Practice Example

The Downtown Community Health Centre in Vancouver has been working on finding ways to appreciate and acknowledge the collaborative efforts of everyone on the team. At the beginning of one staff meeting, everyone was asked to draw a picture of themselves on an 8.5 by 11 piece of paper. At the end of the meeting, the picture was pinned to their back and people move about the room putting notations on the picture of what they appreciated about this person's contribution to the meeting.

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2. Kouzes, J. and Posner, B. (2002). *The Leadership Challenge* (3rd ed.) San Francisco: Jossey Bass.

Part 5 of this book contains a chapter entitled *Foster Collaboration* that is accessible, practical and provides an overview of collaboration that is in keeping with several of the conclusions of the AOHC research.

Promising Practice Example

Mount Carmel Clinic in Winnipeg, Manitoba is re-organizing their primary health care teams to facilitate more integration between Primary Health Care team members. The core team will include a Registered Nurse, a Licensed Practical Nurse, a Physician, a Social Worker and a Clerical Staff member. Other specialized services such as pharmacy and diabetes education will be integrated into the teams as well. A strong high functioning team will facilitate improved efficiency and quality of care for clients. The Clinic created an internal committee composed of representatives from all disciplines to examine possible models and involve team members in planning for the new configurations.

Diversity of Values, Beliefs and Strengths Handout

The following questions relate to your work as a member of your profession, discipline or area of work. Please provide <u>three answers</u> to each question except for #5.

1. My professional training and education and/or background prepared me well for …

2. My profession, discipline or area of work places a high value on …

3. My profession, discipline or area of work encourages me to …

4. The strengths of my profession, discipline or area of work are …

5. What I like most about my profession, discipline or area of work is …

Collaboration Audit[78]

Rate the extent to which you agree or disagree with each statement that describes the actions of people in your team, teams or organization. Use the following scale to indicate your level of agreement or disagreement. *There are 5 questions per page for ease of photocopying*

Strongly Agree	5
Agree	4
Neither Agree Or Disagree	3
Disagree	2
Strongly Disagree	1

In this team, people …

_____ 1.   Act in a trustworthy and trusting manner.

_____ 2.   Ask others for help and assistance when needed.

_____ 3.   Treat others with dignity and respect.

_____ 4.   Talk openly about feelings.

_____ 5.   Listen attentively to the opinions of others.

_____ 6.   Express clarity about the group's goals.

_____ 7.   Make personal sacrifices to meet a larger group goal.

_____ 8.   Can rely on each other.

_____ 9.   Pitch in to help when others are busy and running around.

_____ 10. Give credit to others for their contribution.

_____ 11. Interact with each other on a regular basis.

_____ 12. Treat every relationship as it will last for a lifetime, even if it won't.

_____ 13. Make it their business to introduce their colleagues to people who can help them succeed.

_____14. Freely pass along information that might be helpful to others.

_____ 15. Relate well to people of diverse backgrounds and interests.

▷ Module 5: Decision Making

5.1 Introduction and Rationale

The AOHC Best Practices in Interdisciplinary Teamwork research project identified the process of decision-making as key to teamwork in CHCs.[79] The research illuminated several aspects of decision-making in CHCs that are noteworthy. For example, successful interprofessional team functioning appears to be associated with efforts to ensure that staff are involved in critical decisions. This does not always imply consensus. There seems to be recognition that some externally driven decisions are not open for discussion. In some situations, staff members are given choices from among selected options, at other times they are invited to invent the options themselves, and in some cases they are simply given information about why a decision has been made. When the criteria and process for making decisions is explicit and transparent, teamwork is supported.[80] Those in leadership positions in CHCs seem keenly aware of the impact of the different styles of decision making and are thinking strategically about when to implement them effectively. As one Executive Director explained, even though participatory management and inclusive decision making can be cumbersome, "…there is a commitment that anybody that is going to be impacted by a particular decision should have an opportunity to have input into its development…"[81]

Study participants suggested that when decision-making is based on a shared vision and philosophy, it helps to create and support effective teamwork.[82] The research has also highlighted that, as CHCs have grown and new management levels have been created, it has become complicated to continue to involve everyone in all decisions. Listening to the staff, incorporating their concerns, ideas and thoughts into decisions that have an impact on them can reduce some of the tensions created by the rapid growth and structural changes:

> This organization, like many CHCs is extraordinarily relational (i.e., developing and honouring relationships are important) and so that you can't make decisions without understanding that and appreciating that there are folks that have been here for a long time and their sense of ownership is huge. And you need to honour that and work with that…and so it has to be broad based decision making. [83]

Similarly, the concept of power is intimately tied to having a voice and being able to influence the agenda in the CHC. While most people in CHCs believe in an egalitarian structure, participants in the AOHC research suggested that there are differences (sometimes hidden) in power within CHCs, with some professions, particularly physicians and nurses, having more power.[84] Equalizing power differences can happen if the process of decision making is transparent and open. As one nurse practitioner stated:

> *I think if you acknowledge where the power lies. If it is brought out on the table and set forward, and say you know that you are all going to talk about this but the ultimate decisions going to be in so and so's hands....then people know what is going on and you know...that can be very liberating and people feel freer to express themselves.[85]*

Accounting for power differences also means considering culture and gender, as both have an effect on how people engage in decision-making. Politeness, assertiveness and the importance of maintaining harmony in relationships vary by culture. Being aware of these differences during decision-making can help to ensure the full and equal participation of everyone on the team.[86] The advantage of group decision making is that the knowledge and skills of all participants are available to influence the decision.[87] The participants in the AOHC research emphasized that valuing and respecting each other's opinion in the decision-making process was central to teamwork:

> People have differences, like sometimes we'll have meetings and not everybody would agree with things, but everyone's opinion is always valid. Nobody demeans anybody, they take your point...we go through it as a team and we come up with a conclusion at the end that everybody is comfortable with. And I find they are very supportive, like a family.[88]

People working in CHCs make decisions every day, whether client-related decisions or organizational decisions. This module is designed to be of assistance to teams in CHCs as they consider both everyday and long-term strategic decisions.

5.2 Learning Objectives for this Module:

- To gain knowledge about the variety of decision-making methods available including their respective advantages and disadvantages.

Promising Practice Example

The North Hamilton Community Health Centre has developed a decision-making system that helps the management team consider the implications of all of its decisions. Using the vision and mission as a foundation for decision making, the system asks specific questions in order to help managers make important decision by taking into account the potential impact of the decision on such things as centre reputation, staff, financial resources, partnerships, and legal liability.

- To develop skill in recognizing behaviours that help and that hinder effective decision making in teams.

5.3 Considerations for Use and Facilitation Notes

If…

- decisions are not being made,

- decisions are taking too long to be made,

- conversations are circular or lacking in focus,

- no real consensus is being achieved on anything, decisions are being challenged as soon as they are made,

…this module may provide some assistance. If people are feeling that their voices are not being heard and that those with the power are making all of the decisions with no input, these exercises can highlight when a decision is to be made by the leader and when a decision is to be made by the team. If there are power imbalances, the modules provide a way of addressing them as decisions are made. Teams in the Forming stage of development want to contribute to the making of rules, so a focus on how your decisions will be made in this stage is important. In the Storming stage, established processes for decision making will help weather the conflict. During the Norming stage, the team members will be less dependent on the leader and more likely to agree as a team on how decisions will be made. High performing teams have learned how to make decisions in a way that appears seamless.

5.4 (a) Learning Activity: Deciding How to Decide

Step 1:

Ask the team members to recall a decision-making process that they were unhappy with. The example can be drawn from a current or a previous work situation or from a personal situation. Ask for a few volunteers to share their example and discuss with the group.

- What were the elements of the situation that made it unsatisfactory?

Step 2:

Review the 2 - page handout entitled *Guidelines for Effective Decisions*. This can be done using the handout, an overhead or PowerPoint presentation.

Step 3:

Ask the participants to brainstorm replies to the following questions regarding each of the 6 options.

- What might be the pros and cons of each method?

- When would you use each method?

- How would power imbalances within a team affect this type of decision making?

- If possible, provide examples based on your teamwork and/or recent decisions.

Step 4:

Distribute the handout *Answer Sheet for Deciding How to Decide* and compare your team's responses to those that are provided.

- Where do you agree and/or disagree with the answers provided?

- What might the differences mean?

- What might you add to your own thinking now?

Step 5:

Facilitate a closing discussion with the question:

- What might we do differently as a team in the area of decision making?

5.4 (b) Learning Activity: Behaviours that Help, Behaviours that Hinder Decision Making

The activity is designed for people to receive feedback from their peers regarding their helpful and hindering decision-making behaviours. There will need to be small groups of 5 - 6 people that are assigned a decision to make. There will be another group of 2 - 3 people who will observe the decision-making process and will provide feedback to the group who made the decisions. In the end, everyone should have the chance to be part of a decision-making group and to receive feedback.

Step 1:

Review the handout on Behaviours that Help or Hinder Decision Making. Ask the group if there are others that they would like to add based on their experience. Divide the larger group so that there are groups of 5-6 people along with smaller groups of 2-3 observers.

Step 2:

Provide each decision-making group with a scenario of a decision that you are likely to have to make or that you commonly do make in your CHC. Set a time limit, so that some pressure that mirrors your actual experience. The observers should have enough copies of the handout.

Step 3:

At the end of the allotted time, first ask the participants to comment on their own group process. After the group has reported, ask the observers to give feedback to the group and to individual members.

Step 4:

Facilitate a closing discussion that generates a list of the practices that you will now use in decision-making.

5.5 Resources

Kaner, S. (1996). *Facilitator's Guide to Participatory Decision Making.* Gabriola Island, B.C.: New Society Publishers.

A resource that can provide assistance with the many types of decision making that are available. Particularly good on participatory decision making processes.

Scholtes, P. R., Joiner, B.L., & Streiber, B. J. (2003) *The Team Handbook* (3rd ed). Madison, WI: Oriel Incorporated.

This workbook for teams contains an excellent section on decision-making.

Guidelines for Effective Decisions[89]

1. Understand the Context of the Decision

Good decisions are based on data, not on gut feelings, emotions or whoever argues longer or exerts more power. When a decision is important, start by understanding the context.

- Clarify the decision. Make sure everyone has the same understanding of what is being decided.

- Understand deadlines. Know the risks of missing the time window and not making decisions.

- Learn how this decision affects the critical path for the teams work.

- Gather relevant information about past, pending and implicit decisions that are related to this one.

2. Determine Who Should be Involved

Teams will need to identify:

- Who has the authority to make the decision?

- Who is ultimately responsible for the results of this decision?

- Who is critically affected, both now and in the future?

- Who has vital information?

- Will whoever has the authority to make the decision choose whether and how to involve others?

Depending on the nature of the decision, the decision-maker could be one member of the team, the entire team, the team leader, a subgroup of the team, a manager or group of managers outside the team, or another team or group altogether. If the decision is important, whoever decides should gather input from others at different points in the process to reach a more effective decision.

3. Decide How to Decide

Before making a decision, it is important to discuss how the decision will be made. There are a range of choices that are outlined on the next page.

#1 Unanimous - This happens occasionally when there is solution that is favoured by everyone and 100% agreement seems to be automatic. Unanimous decisions are usually made quickly. They are fairly rare and often occur in connection with trivial or simple issues.

#2 One person decides - This is a decision that the group decides to refer to one person to make on behalf of the group. A common misconception among teams is that every decision needs to be made by the whole group. In fact, one person decisions can be a fast and more efficient way to make group decisions. The quality of any one person decision can be raised considerably if the person making the decision gets advice and input from other group members before deciding.

#3 Compromise - A negotiated approach when there are two or more distinct options and members are strongly polarized (neither side is willing to accept the solution put forward by the other side). A middle position is created that incorporates issues from both sides. Everyone wins a few of their favourite points but also loses a few items they liked. The outcome is something that no one is totally satisfied with. In compromises, no one feels that they got what they wanted so the emotional reaction is often, "It's not really what I wanted but I am going to have to live with it".

#4 Multi-voting - This is a priority setting tool that is useful in making decisions when the group has a range of options before them and ranks the options based on a set of pre established criteria. Dot-motcracy is an example of multi-voting.

#5 Majority Voting - Involves asking people to choose the option they favour once clear options have been identified. Usual methods are a show of hands or secret ballot. The quality of the voting is always enhanced if there is good discussion to share ideas before the vote is taken.

#6 Consensus. - Involves everyone clearly understanding the situation or problem to be decided, analyzing all of the relevant facts together and then jointly developing solutions that represent the whole groups' best thinking about the optimal decision. Consensus is characterized by a lot of listening, healthy debates and testing of options resulting in a decision which everyone says, "I can live with it".

Answer Sheets: Deciding How to Decide

Method	Advantages	Disadvantages	When to use
Unanimous	Fast, easy, everyone is happy, unites the group	Too fast, perhaps the issue actually needed more discussion and debate	OK when discussion isn't vital on trivial or simple matters
One person decides	Can be fast, accountability is clearly spelled out	Can divide the group if the person deciding doesn't consult and makes a decision that others cannot live with. Lacks both the buy-in and the synergy of a group decision	When the issue is unimportant or small, when there is a clear expert in the group who can make the decision, when only one person has the information and is unable to share it, when one person is solely accountable for the outcome
Compromise	Lots of discussion, creates a solution from seemingly very different options	Negotiating can be adversarial if people are pushing their point of view and there are power imbalances, this approach can divide the group, everyone wins but everyone also loses	Compromise is often the only alternative when faced with a strongly polarized group and when there are two options proposed, neither of which is acceptable to everyone
Multi-Voting	Systematic, objective, democratic, non-competitive, reduces power imbalances, everyone wins somewhat, a fast way of sorting out a complex set of options	Often associated with limited discussion and understanding of options, forces choices that may not be satisfactory for people, real priorities may not have surfaced	When there is a long list of alternatives or items to choose from or when applying a set of criteria to options identifies the best course of action

Majority Voting	Fast, high quality if used after thorough analysis, creates a clear decision	Can be too fast and low in quality if people vote their personal feelings without the benefit of each other's thoughts, creates winner and loser, hence can divide the group, the show of hands method puts people under pressure to conform	When there are two distinct possibilities and one or the other must be chosen, to decide items where a division in the group is acceptable. When consensus has been attempted and can't be reached. When un acknowledged power imbalances could prevent a consensus process
Consensus	A collaborative effort that unites the group, high involvement, systematic, objective, fact driven, builds buy in and high commitment to the outcome	Time consuming, low quality if done without the proper data collection or if members have poor group skills. Power relations can affect the outcome if not explicit	The most effective decision making process for important decisions where the ideas of the whole group are needed and buy in from all members is essential. The importance of the decision being made must be worth the time it takes to complete the consensus process properly

Behaviours That Help/Hinder Decision Making[90]

Helpful behaviours	Hindering behaviours
Listening to others' ideas politely even when you disagree.	Interrupting people to promote your personal views.
Paraphrasing the main points made by another person to acknowledge their ideas.	Not acknowledging the ideas that others have put on the table.
Praising others' ideas or giving useful feedback.	Criticizing or putting down others' ideas.
Building on others' ideas.	Pushing your ideas while ignoring others' input.
Asking others to critique your ideas and accepting feedback.	Getting defensive when your ideas are analyzed.
Being open to accepting alternative course of action.	Staying stuck on your ideas and blocking suggestions for alternatives.
Dealing with facts.	Basing arguments on feelings.
Staying calm and friendly toward colleagues.	Getting overly emotional; showing hostility in the face of any disagreement.
Being open about your reservations and concerns.	Keeping objections to yourself.

▷ Module 6: Conflict Management

6.1 Introduction and Rationale

The AOHC Best Practices in Interdisciplinary Teamwork research project suggests that developing practices to ensure that concerns can be raised and discussed is an important step in supporting interdisciplinary teams in CHCs.[91]

What is meant by conflict?

There is a wide variety of definitions of conflict. The following are most likely to be of assistance in the context of interdisciplinary primary heath care teams:

> Conflict arises when at least one party believes that the other party's actions or intended action threaten to harm his or her interests. [92]

> Situations that may lead to conflict arise continually in daily life. A situation becomes a conflict because of people's reactions to the circumstances or actions of others. These reactions are based on learned values, biases and lived experiences.[93]

> Conflicts emerge when disagreements, differences, annoyances, competition or inequities threaten something important.[94]

People vary in their comfort with conflict. It is a part of our uniqueness. It has been suggested that how people handle conflict is basic to who we are, to how we try to make our way in the world and to how we relate to others.[95] Some people are comfortable with screaming and yelling and passionate debate. Other people are not comfortable with airing debate for fear of offending. Participants in the Best Practices in Interdisciplinary Teamwork research project suggested that if people have felt unheard in previous interactions, they are subsequently less likely to raise concerns. This may mean that some issues of concern are not being addressed openly.[96] In some circumstances, the avoidance of conflict is related to power dynamics. When two people in conflict have different status or power in the organization, the person who is less powerful may feel unable to express his/her concerns, as noted by a respondent, "people being worried about their jobs, they may not want to have a direct conflict if there is a possibility that it might jeopardize their job."[97]

People understand, react and engage in conflict behaviour in different ways. People have different experiences, hopes and expectations about conflict. Some of these differences are based on our personal styles and experience, but some of the variations in style are based on factors such as race, ethnicity, age, nationality, geographic setting, socioeconomic class, able-bodiedness or disability, sexual orientation, language, religion, profession or job role, and gender.[98] It is important to become aware of how these differences may affect how conflict presents itself in your particular setting. For example, culture has an affect on how people feel about expressing disagreement in public to those in power.[99] Training and skill development in cultural competency can therefore be of assistance in working with conflict. The more you learn about the differences in how people react to and behave in conflict, the more inclusive you can become in resolving conflicts that respect everyone.

Potential Sources of Conflict in CHCs

Conflict will occur wherever people come into contact with each other. One author has suggested that "conflict happens inside us, between us, arising out of the cracks between our coming together."[100] Since coming together is a necessary part of the task of becoming an effective interdisciplinary primary health care team, it is expected that the process of coming together will cause conflicts. As one AOHC research participant noted:

> *Conflict resolution is always challenging… We all tend to shy away from conflict and sometimes conflict is good. Because it means that something is wrong and there needs to be change. So I think that a healthy team is sometimes gonna experience conflict… I think people just learning that conflict is a natural occurrence and not holding grudges.*[101]

Each profession or discipline working in a CHC may have its own values and beliefs and these may be in opposition to the values and beliefs required for effective interdisciplinary work.[102] The Best Practices in Interdisciplinary Teamwork research project suggests that power imbalances, which are sometimes hidden, can function as a barrier to effective interdisciplinary working relationships:

> *I believe that this is an egalitarian environment where we all have equal say and equal value of opinion, so therefore I think that I can make a difference, but then when it gets played out, a lot of times, that is not the case. So, I think there are power imbalances here that are not acknowledged and are therefore hidden and masked.*[103]

Poor communication was also identified as one of the most pervasive barriers to conflict resolution.[104] Skill development in effective interpersonal communication can greatly assist the process of conflict resolution. A particular challenge for CHCs and interdisciplinary primary health care teams is that each of the wide and widening group of professionals has their own mission, tasks and aims.[105] Traditionally, each profession has also been trained or educated separately. These differences alone can lead to misunderstandings, annoyances and conflicts:

> *they may not understand each other's role well, so you might have a perception that this person does not appreciate what I do...when it's really not that...you know the person doesn't quite understand what you do.* [106]

There are some general categories for looking at conflict that may be of assistance in the context of CHCs.[107]

Conflicts over scarce or limited resources – A common source of conflict between both individuals and groups is over actual or perceived scarce resources. Everyone working in CHCs knows that there are not enough resources to serve the entire community need. In the work of primary health care, conflict can occur over scarce resources that include such things as money, time, staffing, and space, access to staff development and access by staff to management and leaders. The Best Practices in Interdisciplinary Teamwork research project found that among CHCs in Ontario, space is becoming a scarce resource. As CHCs grow, the number of people sharing the available space increases and can result in cramped quarters.[108] Funding formulas from external bodies do not always provide the supportive resources necessary for interdisciplinary work.[109]

Human needs conflicts – Our needs as human beings motivate our actions. When our needs are not met, we struggle to achieve them. Human needs related to the workplace include recognition, respect, status and self esteem. Challenges to any of these can result in conflict. The Best Practices in Interdisciplinary Teamwork research project found that awareness of, and respect for, the differences and strengths that each discipline brings is important in providing a firm foundation for effective working relationships.[110] A number of staff in CHCs felt that more resources go towards the clinical team, and in particular, towards finding and retaining physicians. This can result in health promotion or community teams feeling that they are not as valued as the clinical team.[111]

Conflicting values and beliefs – When our values are challenged, we often feel our whole sense of self is threatened. In CHCs, teams come together with each person having perhaps similar and perhaps quite different sets of values and beliefs. The values of each profession may be different and this can lead to conflicts. The data from the AOHC research suggests that as CHCs grow and introduce new levels of management there may be conflict with the core values and philosophies that have historically been present in CHCs.[112]

Conflicts caused by structures external to the CHC – When funding is cut to a cherished program and people lose their positions, conflict can result. The policies of regulatory bodies may create conflicts within the team as centres try to accommodate varying and conflicting rules. For example, interdisciplinary care requires sharing responsibility; at the same time, professional colleges tend to look at only individual practitioner performance, which can lead to tension and stress for clinical teams.[113] Similarly, decisions made by funding bodies that are outside the control of the centre can also cause conflict.

Conflicts over different and seemingly incompatible interests – When we feel that our interests are not compatible with those of another person or group, conflict may ensue. Important to understanding conflict is understanding what the other person's interests are. Interests can be defined as our concerns, hopes, expectations, priorities and our fears.[114]

Each of these types of conflict can be present in any of our interactions. Even among the best teams, conflict will at times be uncomfortable. It has been suggested that if team members are never pushing themselves outside of their emotional comfort zone during discussions, then it is extremely unlikely that they are making the best decisions for the organization.[115] So, although conflict can be of benefit to organizations, skills in confronting conflict are not common practice for many employees.[116] The AOHC research also identified that heavy workloads can be a barrier to resolving conflicts. "Things will come up that are possible conflict discussions and then because of the busyness of the workday and the work week it doesn't get moved forward and it just percolates…"[117]

The conflicts that are not resolved can build up and become bigger:

> …*like today is a 12 hour day for some of us and we have a lot of things happening and something may happen and we may not have a chance to*

go back and respond to something that might have been important and it gets put on the list of 'I'll talk to you later, and the next day something else happens and later it becomes a big Pandora's box.[118]

The following activities can provide some assistance in helping people acknowledge, understand and address conflicts in their centre.

6.2 Learning Objectives for This Module

This module has been designed to assist interdisciplinary teams in all stages of development:

- To become more knowledgeable about the types and sources of conflict.

- To become skillful in developing team norms for how people will engage in discussion, debate and conflict.

- To increase knowledge of the range of conflict styles that people use.

- To develop ability to identify a variety of conflict resolution strategies.

- To increase skills in analyzing conflict.

- To develop an awareness of what is meant by conflict management systems.

6.3 Considerations for Use and Facilitation Notes

The following exercises can be used separately or together. Learning about conflict styles can be helpful at any stage of team development, but can be particularly helpful during Storming. Exercise 4b (*Creating Team Norms*) will be helpful during the Forming stage as people are getting to know each and again during the Norming stage if conflict is in evidence. The exercises can all be facilitated by an internal facilitator who feels confident with conflict. Outside facilitation is suggested if there is a high degree of conflict or if there is no one who feels confident with facilitating conflict discussions. It is helpful to have a group large enough that there is a range of disciplines and professions. This will also ensure a range of conflict styles.

6.4 (a) Learning Activity: Conflict Styles

In 1974 Kenneth Thomas and Ralph Kilmann[119] developed an inventory, the Thomas – Kilmann Inventory (TKI), that is designed to assess individual behaviour in conflict situations; that is, situations in which the concerns of two or more people are incompatible. The Conflict Mode Instrument takes about 20 minutes to complete and can be used by teams learning about conflict styles. Ordering information for the instrument is in the Resource section.

Alternatively the following exercise can assist people to learn more about their conflict behaviour. Learning about the diversity of conflict styles is also helpful in the Storming stage to assist the team to work with the conflict that emerges.

Learning Objective:

- To Increase knowledge of the range of conflict styles that people use.

Step 1:

Review the *Conflict Styles Handout* with the group. Consider having different people read out the descriptions of the styles or have the descriptions on flip charts or PowerPoint slides. You will also want to prepare a handout for each participant.

Step 2:

After the participants have reviewed the descriptions of the styles, have them complete the Personal Conflict Management Styles Worksheet.[120] After each person has completed the worksheet, have them break into small groups of 3 - 4 to discuss their answers. Have the groups report back and then facilitate a discussion of the results with a focus on helping participants determine if they use different styles in different settings. Also include a discussion of the participants' feelings and opinions about the styles.

Step 3:

Encourage individual team members to set personal goals regarding their conflict behaviour. If the team has a high degree of trust, members can choose to share their goals and ask other team members for feedback on progress.

6.4 (b) Learning Activity: Conflict Norming [121]

Learning Objective:

- To develop team norms for how people will engage in discussion, debate and conflict.

Step 1:

Have all team members write down their personal preferences relating to acceptable and unacceptable behaviours around discussion, debate and conflict. These areas might include use of language, tone of voice, emotional content, expectations of involvement and participation, avoidance of distractions and timing of response.

Step 2:

Have each team member state their preferences to the rest of the team as one person captures the similarities and differences.

Step 3:

Discuss collective preferences, paying special attention to areas of difference. Arrive at a common understanding of acceptable and unacceptable behaviour that all members can commit to. The leader may have to play a key role in facilitating agreement.

6.4 (c) Learning Activity: Case Studies in Conflict

Learning Objectives:

- To increase skills in analyzing conflict and considering options for resolution.

- To develop ability to suggest to explore a variety of conflict resolution strategies.

This exercise would be helpful for teams at any of the stages of group development. The questions that the group works with can be chosen from those suggested here or others that come to mind, depending on the learning needs of the team.

Step 1:

Divide the large group into small groups of 3 - 4 people. Each group is to analyze a different case study, using the Conflict Analysis Tool. The case study can come from one group member or can be provided to

them. Sample case scenarios are included on the following pages. One way to encourage people to list all the contributing factors and all the possible options is to make the exercise a friendly competition: those who can list the most factors and the most potential solutions.

Step 2:

Have each group feedback the answers to the questions. In debriefing, look for:

- Range of factors affecting conflict

- Diversity and creativity in methods used to resolve conflict

- Benefits of resolving conflict

6.4 (d) Learning Activity: Designing Conflict Resolution Mechanisms

Participants in the Best Practices in Interdisciplinary Teamwork research project suggested that having a process for surfacing concerns and making them discussable is a significant step in managing conflict in CHCs.[122]   Many CHCs already have unwritten, and in some cases, written guidelines and policies for managing conflict. Participants in the research noted often the first step in conflict management was to speak directly to the individual and attempt a resolution.[123]   Another process that some CHCs have used is to find a neutral third party within the organization to assist the two people who are in conflict.[124] Each of these basic processes can be viewed as a beginning system for managing conflict.

In the last few years, organizations in both the public and private realms have begun to develop more formal structures and processes to manage conflict when it arises in the workplace. These systems are being called Organizational Conflict Management Systems.[125]

When developing activities and processes to deal early and proactively with conflict, there are some things to consider. The size of the centre will play a role in how elaborate the structures, processes and systems will need to be. Smaller centres may be more able to communicate using the guidelines for conflict resolution more informally. When there is a large staff component, a wide variety of disciplines, people working in several locations or working at different times, it may be helpful to have more written policies. The Best Practices in

Interdisciplinary Teamwork research project found that as centres have grown, communication between teams, sites and all levels of staff has become a challenge.[126]   Written policies in the area of conflict resolution can ensure that everyone knows what the processes are. The checklist on the following page provides some questions to consider in developing the types of processes you need and want for your particular centre.

6.5 Resources

Print Resources

The Mediators Handbook (1997) Authors: Jennifer E. Beer with Eileen Stief

> An easy to use guide to on how to conduct an informal mediation. The handbook describes a mediation process developed by the religious Society of Friends (Quakers) which is one of the longest running mediation programs in the United States. The handbook can assist people to learn basic mediation skills without having to do formal training.

Available from:
New Society Publishers   (800) 567-6772
P.O. Box 189   Fax 250- 247-7471
Gabriola Island, BC   Email
V0R 1X0   www.newsociety.com

The Conflict Resolution Training Program (2002) Authors: Prudence Bowman Kestner and Larry Ray

> Another easy to use guide that has dozens of high calibre, experiential activities to use to help people learn more about conflict and conflict resolution. There is both a leader's manual and a participant manual.

Available from:
Jossey-Bass Publishing
989 Market Street, San Francisco, CA
94103-1741
www.josseybass.com

The Conflict Positive Organization: Stimulating Diversity and Creating Unity (1991) Author: Dean Tjosvold

Another excellent Canadian resource that provides practical suggestions for managing conflict in organizations.

Publisher: Addison Wesley Publishing.

Canadian Web Resources

Conflict Resolution Network Canada
www.crnetwork.ca/

The web site provides an extensive online bookstore in both French and English. It also provides a directory of mediators across Canada if you are interested in using an outside facilitator/mediator. Information about training programs and conferences in Canada are also provided.

Justice Institute of British Columbia
www.jibc.bc.ca

This web site provides links to journals, training programs and other resources in the area of conflict resolution.

Psychometrics Canada
www.psychometrics.com

A Canadian Distributor of the Thomas Kilmann Conflict Mode Instrument (both French and English available).

Checklist for Conflict Management Systems[127]

1. Do we have options for preventing, identifying and resolving problems of all types?

2. Do we have a culture that supports resolution of conflict at the lowest level through direct negotiation, and that encourages discussion of conflict?

3. Do we have a culture that supports the belief that mistakes and problems are opportunities for learning?

4. Do we have clearly stated policies about how conflict will be resolved?

5. Have we involved a variety of stakeholders within the organization in designing our system?

6. Do people responsible to act on the policies understand what their roles and responsibilities are?

7. Are we flexible in our design to meet differing needs based on respect for diversity?

8. What other written documents need to be revised to support conflict resolution (e.g. job descriptions, manuals, personnel policies)?

9. Are there multiple options for addressing conflict with employees being empowered to make the choice?

9. Do the leaders in our organization support resolving conflicts?

10. Do we have a body overseeing the system that is made up of a variety of stakeholder groups?

11. Are there training opportunities for developing the skills needed to resolve conflicts?

12. Do we have sufficient resources to support the system we have designed?

13. Are there institutionalized incentives to prevent and resolve conflict?

14. Do we have a communication strategy so that everyone in the organization knows what to expect?

15. Do we evaluate our system and make changes as needed?

Conflict Styles Handout[128]

Avoiding

Is hoping the problem will go away and not addressing the conflict. There is no attention to one's own needs or those of the other. Avoiding might be letting an issue go, being diplomatic or simply withdrawing from a threatening situation. This tool is effective when time, place or personal health make it inadvisable to pursue discussion.

Accommodating

Is meeting the concerns and needs of the other person and not addressing your own needs. This is giving in or yielding to the other person's views. This style is used when you want to work co-operatively with the other person without trying to assert your own concerns.

Compromising

Is looking for a mutually acceptable solution which somewhat satisfies both parties. You give up something, they give up something in order to come up with a solution you both can agree to. A compromise approach may work when you and the other person both want the same thing and you know you both can't have it.

Competing

Is a strong style where the individual uses their power or control of the resources to assert his or her own needs. Competing can mean trying to win, getting your own way, and is used when there is no concern for the other person's interests. The style is helpful when an important principle or need is at stake.

Collaborating

Is working toward solutions that satisfy the needs and concerns of both parties. This takes time to look at the all the issues and interests you both have which are behind the original positions. This approach combines the search for new alternatives and creating solutions that end in a "win-win" situation.

Personal Conflict Management Styles Worksheet[129]

1. Describe the conflict management style you most frequently use at work.

2. Describe the conflict management style you most frequently use at home.

3. Describe the conflict management style you usually use with friends.

4. Describe a conflict management style that tends to irritate you. Why?

5. Describe a conflict management style that you admire in others. Why?

Conflict Analysis Tool

Read the scenario that has been given to you and discuss with your peers the following questions. Do this activity as a brainstorming exercise to learn the diversity of views that exist about conflict.

1. List all the factors that are contributing to the conflict.

2. Who is involved? Directly or indirectly?

3. What is the effect of the conflict on people? On the work?

4. What are the interests of each of the parties (Concerns, Hopes, Expectations, Fears, Beliefs, Assumptions, Priorities)?

5. What conflict styles are being used?

6. What conflict styles might be more appropriate?

7. List all the possible ways that this conflict might be resolved.

Conflict Case Scenarios

Scenario 1:

A social worker was asked to do something for the team leader in very little time. The work was completed in the time specified. The team leader then returned it with a 'post it' attached that said: 'Please re-do, there are many pieces missing.' The pieces were, in fact, not missing. The social worker went back and asked the team leader for a few minutes to chat at the team leader's convenience. The response was: 'It's not a good time but sit down anyways'; he proceeded to tell the social worker how disappointed he was with the work that she had done. When the social worker tried to point out that the missing pieces were on the reverse side of the page, she felt unheard. The team leader proceeded to highlight additional errors. His body language continued to be dismissive and there was no appreciation for the work that had been done in the short timeline.

Scenario 2:

Several people in one particular position at a CHC were hired and then left over the course of a year. Staff noticed this turnover and started talking among themselves about whether these individuals were getting fired and what they must have done. There was a sense of foreboding lingering around the CHC. Gossip started and staff started talking behind each other's backs about who was next. People felt under threat and less able to speak their minds.

Scenario 3:

A team in a small Community Health Centre is made up of a variety of disciplines. Staff feel that people are treated equally, except for one particular situation. There is a high incidence of diabetes in the community and the centre has developed an education program to address this. The health promoter, the dietician, the nurse practitioner and the physician all had a role to play in the workshop. But it seemed that the time of the physician and nurse practitioner was more valuable. The health promoter and dietician were the ones who had to do all the advertising, room set up, getting refreshments ready and cleaning up after the workshop. The physician and the nurse practitioner came in for a few minutes and presented their part of the workshop and then left. The routine tasks are not something the physician and nurse practitioner volunteer to do, nor are they directly asked to help with.

▷ Module 7: Making the Most of Meetings

7.1 Introduction and Rationale

Many participants in the AOHC Best Practices in Interdisciplinary Teamwork study suggested that meetings need to be valued as a legitimate and critical part of effective teamwork. The demand for patient or client care and community involvement continues to grow and competes with meeting time, yet not having the time to meet undermines the effectiveness of collaboration as one physician noted:

> *…it also starts to interfere with, you know, communication because you become more and more isolated, the harder you are working. The less time you have to exchange information, or work collaboratively, or really enjoy the company of your colleagues…[130]*

The literature on interdisciplinary teams suggests that enough time for the team to share information, develop interpersonal relationships and address team issues is necessary for strong collaborative relationships.[131] According to the AOHC research in many CHCs, clinical teams find it very difficult to meet:

> *I think there are times when everybody's really busy…the NP might be running the walk-in. She's busy and has clients that she needs to consult on and the physicians are booked right up with their own clients. And the NPs are trying to access the physicians for consultation and they're going, 'you know what, you know, I don't have time. You know I don't have any time.'[132]*

The AOHC research suggests that meetings need to be reframed as key to establishing high performing teams in CHCs. Cross-team planning needs to be strongly supported if CHCs are going to ensure that silos between health promotion and clinical services are not created.[133] Many CHCs have dealt with the need for physicians and nurse practitioners to consult by instating a regularly scheduled consultation time in the timetable.[134] Encouraging meetings during work hours, providing the needed support and resources, booking blocks of time well ahead to allow part time staff and others to schedule their attendance and defining the task in meetings so that staff see them as contributing to their work with clients can all go a long way to valuing the time spent in meetings.[135]

Promising Practice Example

The Kitchener Downtown Community Health Centre has found a way to ensure that the staff who work part time are always included in meetings. All part time staff always work on Thursdays and the staff meetings are held on Thursdays. This ensures that part time people have an opportunity to participate fully in discussions and decision-making.

Structured meeting time across teams, as well as informal time between community and clinical teams, was also identified as crucial in having everyone in the CHC work toward the same goals:

> ….*at staff meeting, we also report on what's happening and it's really good to know what they're doing. It's a very different relationship when you are sitting once a month in a meeting and sharing, and it's opened my eyes in terms of how different staff work and what they really do and how we can work together.* [136]

In many CHCs meetings are the only way that teams learn about each other's day to day work and understand each other's perspective and roles. For many staff, meetings are also part of their professional development and skill building where they can share new ideas, strategies and information.[137] Finding time for meetings is a challenge and as centres grow, meeting the needs of everyone to be connected can also be difficult: "So you know with more bodies, it's harder for anybody to feel connected. It's hard to find a meeting time that is going to meet everybody's requirements."[138]

Larger CHCs can support many teams, comprised of professionals who interact with each other directly in relation to client care. The AOHC research suggests that the challenge is to coordinate for effective inter team communication so that the overall work of the centre is aligned without attempting to hold meetings of 40 people for decision making.[139]

While ensuring that meetings happen is one step, ensuring that all staff feel free to fully participate is also important. In several CHCs that participated in the AOHC study, a number of staff do not feel they can fully participate at meetings and that their opinions and voices are not valued. This results in debriefing sessions after the meeting:

> So what tends to happen is people walk out of meetings and debrief amongst themselves, which isn't really ideal, because it sets up tension… they obviously felt they couldn't have their voice heard in the meeting.[140]

Another concern identified through the research is the importance of being inclusive. At times, some people are forgotten about and not included in meetings that perhaps they were supposed to be. [141]

7.2 Learning Objectives for this Module

- To develop knowledge about the value of specific meetings for the team members.

- To develop awareness of the components of effective meetings.

- To develop skills in improving the effectiveness of meetings.

7.3 Considerations for Use and Facilitation Notes

Effective meetings are important at any stage of team development. In the Forming stage, team members want to be orientated to group process and the ground rules for functioning together. At this stage, members will want the leader to assume responsibility for the meeting processes, but will also want a say in how things are done. In the Storming stage when power and authority of the leader is challenged, the exercise will allow for agreements to be developed that will become the norms by which the team functions. In the Performing stage, meetings will function well with shared leadership and members will attend to both task and group process.

Both exercises in this module can be facilitated internally. If there are persistent and severe problems with meetings, an outside facilitator can observe the meeting processes (Activity 4b) and identify for the team some areas for improvement.

7.4 (a) Learning Activity: Evaluating the Value of Current Meetings through Brainwriting[142]

Making your meetings work and having people feel valued and heard in them is a challenge. This first activity is designed to help you assess your current meetings and revise, change or dispense with some of your meetings. Brainwriting, an alternative to brainstorming, equalizes power imbalances by allowing for everyone's voice to be heard and divergent opinions captured. This method encourages those, who for a variety of reasons, do not find it comfortable to express dissenting views.

Step 1:

At the next meeting of each and every team or group, plan for an evaluation and review of the meeting. Let people know ahead of time that this will occur. The time you need will vary depending on how

many people are in the team, how often the team meets, for how long it has been meeting and therefore how comfortable people are with discussing concerns with each other.

Step 2:

Ensure that you have a scribe or note taker for the evaluation meeting. Ask each team member to write down three answers to the question *"What I value and/or appreciate about this meeting"* on one index card. Ask them to write down three things in answer to *"What I would like to see changed"* on a different coloured index card. Collect all the index cards and put them in 2 containers such as hats or boxes.

Step 3:

Have each person, one by one pull out a *What I Value and/or Appreciate"* index card and read out the three things that are written there. Have the scribe write down the three things that are noted. At this point, as in brainstorming people are meant to just listen and suspend judgment. Continue to read out from the Valuing cards. The scribe can record with a check mark or add new ones as the case may be. After all the Valuing cards have been read out, tackle the second set of cards with the *"What I would like to see changed"* and do the same.

Step 4:

After everyone's ideas have been noted on the flip chart, facilitate a discussion of what everyone has heard about each other's views. Based on the discussion, devise a plan for improving the meeting while preserving the valued aspects. Consider short and long term objectives for improvement. If there is very little of value for anyone, consider the possibility of doing without, combining this meeting with another or revamping completely the purpose of the meeting. Plan for a follow up discussion to assess whether or not the changes agreed upon have been implemented and have led to more valued added for the team.

Step 5:

People who attend several of the different evaluation meetings and complete the exercise will see overall patterns emerge about meetings at the CHC. This information will be helpful in looking at the organizational use of meetings and identifying overall what is working, what is working less well, and what revisions and/or deletions need to be made.

7.4 (b) Learning Activity: How effective are our meetings?

Many people dislike meetings, and with good reason. Overly ambitious agendas, no agendas, out of control discussions with no clear direction, can make the most ardent team members seek solace under their desks.[143] The Meeting Effectiveness Survey contains 20 items that are common areas for attention. The author of the survey suggests using these items as a starting place, deleting ones that do not apply and adding your own items based on the context of your team.

Step 1:

Have everyone on the team complete the survey anonymously and return to one person. Have a small group of people representing different components of your team analyze and summarize the data. Average scores and ranges are usually enough to paint a picture of the effectiveness.

Step 2:

Convene a planning session. The length of time necessary will depend on the numbers of people and the results of the survey. If there are many areas requiring attention and a large team, it could take one half day. The first part of the meeting will be a presentation of the findings by the group that analyzed them. The second part would be a discussion of the findings and the third part of the meeting would be planning for improvements.

7.5 Resources

Scholtes, P. R., Joiner, B. L. & Streiber, B. J. (2003). *The Team Handbook* (3rd ed.) Madison, WI, Oriel Incorporated.

> This resource has several practical and accessible sections on meetings and how to make the best use of meeting time. Section headings include Guidelines for Good Meetings, Guidelines for Effective Record Keeping and Guidelines for Effective Discussions.

An informative website is www.effectivemeetings.com. This website is also referenced as part of the Collaboration Toolkit at the federally funded *Enhancing Interdisciplinary Collaboration in Primary Health Care* www.eicp_acis.ca

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Promising Practice Example

At the Mid Main Community Health Centre in Vancouver, the clinical team comes in early one day a month to meet from 8:00 am till 9:30 am. The team includes the Executive Director, one nurse practitioner, one clinical pharmacist, one chronic disease coordinator, and the physicians. The early morning meeting provides an opportunity to talk about a variety of clinical issues, student placements, and continuity of care, open access, accessibility and priority setting. The clinical team finds the meetings critical to ensuring communication amongst the clinical team.

Meeting Effectiveness Survey[144]

Please give your candid opinions of the meeting you attended as part of this team. Rate each characteristic of the meetings by circling the number that applies.

1. Meeting Objectives

Are the objectives set out in advance of the meeting?

1	2	3	4	5	6	7

Objectives are seldom set out in advance — Objectives are always set out in advance

2. Communication

Are agendas circulated to all members in advance of the meeting?

1	2	3	4	5	6	7

Agendas are rarely circulated in advance — Agendas are always circulated in advance

3. Start Times

Do meetings start on time?

1	2	3	4	5	6	7

Meetings hardly ever start on time — Meetings always start on time

4. Time Limits

Are there time limits for each agenda item?

1	2	3	4	5	6	7

We do not set time limits — Time limits are set for each item

5. Meeting Review

Are action items brought forward from the previous meeting?

1	2	3	4	5	6	7

Items are seldom brought forward — Items are always brought forward

6. Warm up

Is there a meeting warm up to hear from all members?

1	2	3	4	5	6	7

We seldom use a
meeting warm up

We often use a
meeting warm up

7. Role Clarity

Are roles (timekeeper, scribe, facilitator) made clear?

1	2	3	4	5	6	7

Roles are not
defined

Roles are always
clearly defined

8. Setting

Is there a quiet place for the meeting with ample work space, flipcharts and AV support?

1	2	3	4	5	6	7

The meeting place is
not well suited

The meeting place
is very good

9. Process

Is there clarity before each topic as to how that item will be managed?

1	2	3	4	5	6	7

There is rarely any
planning on process

There is always
clarity on process

10. Preparation

Does everyone come prepared and ready to make decisions?

1	2	3	4	5	6	7

We are often
unprepared

We are generally
prepared

11. Interruptions

Are meetings disrupted due to people leaving, phones ringing, pagers beeping, etc?

1	2	3	4	5	6	7

There are constant
interruptions

We control
interruptions

12. Participation

Are all members fully exchanging views, taking responsibility for actions and follow up?

1	2	3	4	5	6	7

People hold back and
do not take ownership

Everyone offers ideas
and takes action

13. Leadership

Does one person make all the decisions or is there a sharing of authority?

1	2	3	4	5	6	7

The manager holds the chair
and makes most decisions

Authority is shared

14. Pace

How would you rate the pace of the meeting?

1	2	3	4	5	6	7

Poor

Just right

15. Tracking

Do meetings stay on track and follow the agenda?

1	2	3	4	5	6	7

Meetings often
stray off track

Meetings usually
stay on track

16. Record Keeping

Are quality minutes kept and circulated?

1	2	3	4	5	6	7

Rarely kept
and circulated

Always kept and
circulated

17. Listening

Do members practice active listening?

1	2	3	4	5	6	7

We don't listen closely
to each other

Everyone listens
actively to each other

18. Conflict Management

Are differences of opinion suppressed or is conflict effectively used?

1	2	3	4	5	6	7

Conflict isn't very
effectively used

Conflict is effectively
exploited for new ideas

19. Decision Making

Does the group generally make good decisions at our meetings?

1	2	3	4	5	6	7

We tend to make
poor decisions

We tend to make
good decisions

20. Closure

Do we tend to end topics before getting into new ones?

1	2	3	4	5	6	7

We often start a new topic before
closing another

We close each topic before moving
on

▷ Module 8: Everyday Leadership Practices

8.1 Introduction and Rationale

This final module marks a transition in this resource. We hope that you see the potential for your team to learn from and to enjoy many of the activities and tools in this compilation. We also hope that your team is a genuine community of practice, a place that supports the growth of your gifts in the service of the team vision. We hope that you continue to grow in confidence of your own contributions to the team and feel ready to share your leadership with your team. If you have an idea for an improvement that you would like to explore with your team, you have entered the realm of leadership. Leadership is about creating a space for positive change: "When we look at leaders, we see that they're associated with transformations, whether small or large. Leaders don't have to change history, but they do have to make a change in 'business as usual.'"[145] There is evidence that a new leadership reality is emerging in Ontario CHCs.[146] As one Executive Director noted, "those that are in leadership positions sometimes are not the leaders necessarily, but others lead in different ways." A front line staff reaffirmed this by saying that "Lots of people are coming up with innovative new ideas and spearheading different ways of doing things and different ways of providing good care."[147]

In this transition module, we offer some strategies for increasing your own leadership of change. This is an opportunity to examine some of your thoughts on authorizing or empowering yourself to suggest improvements to your team, whether you are the formal team leader or not. This view of leadership is reflected in contemporary leadership definitions: "Leadership is the process of influencing others to understand and agree about what needs to be done and how it can be done effectively, and the process of facilitating individual and collective efforts to accomplish the shared objectives."[148]

You may already be comfortable with your leadership role as part of your professional identity, or in facilitating the growth of others in your community work. For many people, at least part of our working life has been spent in organizational structures that valued hierarchy, obedience or uncritical adherence to decisions made by others. This can mean some team members can have a more ambiguous understanding of how to express leadership within work settings:

Although the literature speaks to collaboration and interdisciplinary health teams as well as interagency collaboration and partnership development, there is very little research that combines collaboration, leadership and interdisciplinary teamwork. The success of interdisciplinary teamwork and leadership will be dependent on the organization's ability to integrate the research on collaboration with everyday leadership practices.[149]

8.2. Learning Objectives for this Module

The learning objectives for this module are to assist participants to:

- Distinguish between the concepts of management and leadership.

- Consider their personal leadership.

8.3 Considerations for Use and Facilitation Notes

The exercises are most appropriate in the Norming and Performing stages of development. In the earlier stage of Forming, members need to look to the designated leader for guidance and direction. In the Storming stage, the leader's role is often challenged but the team is not ready for fully sharing leadership. The Norming stage when members are actively working out how to work together is the stage in which both activities will be of assistance. Teams in the Performing stage where shared leadership is well on its way can use these activities to assist with the goal of your team becoming a high performing team. If you have attended one of the in-person workshops based on this toolkit or another similar resource and find you are eager to bring some new ideas back to your team, you may find these activities helpful. These activities can be done by teams of all sizes. Activity 8.4a and 8.4b lend themselves to individual reflection as well as leading to team discussion. Any team leader or member can facilitate these discussions. These activities could be carried out separately over a few team meetings, or included as part of a retreat or development day.

8.4 (a) Learning Activity: What does leadership mean to you?

Learning Objective

- Team members will be familiar with the emerging or contemporary ideas about leadership, especially in contrast to the

concept of management. Leadership and management are now viewed as related but not identical concepts.

Step 1:

Ask participants to reflect individually and write down their thoughts regarding the following three questions:

- When you think of management, what comes to mind?

- When you think of leadership, what comes to mind?

- In what ways are they similar? Different?

Step 2:

Facilitate some comparison between participants' responses and between the two concepts.

Step 3:

Compare your ideas to the definitions below and the handout entitled *Managers and Leaders*. Many different schemas have been proposed to examine whether management and leadership are roles, processes or relationships with or without authority. "It is obvious that a person can be a leader without being a manager (e.g., an informal leader), and a person can be a manager without leading."[150]

Step 4: First, ask each person to describe one way in which they see themselves as a leader. Next, ask participants to give feedback to their team mates regarding the leadership behaviours they see in each other.

8.4 (b) Learning Activity: Your Personal Leadership

Leadership connects personal attitudes and behaviours to the values and issues that we act on. Leadership often means connecting our individual vision and strengths to a larger one, such as a team vision, in order to effect change and growth. Leadership acts, such as speaking up to propose a new method or re-examine a tired process can mean stretching to find our voice, confidence or comfort to be an "everyday" leader. This activity can help to identify some of the qualities and attributes you can use in your own practice of leadership.

Step 1:

Have team members complete the Leadership Qualities, Attitudes, Behaviours and Lessons Chart on their own.

Step 2:

As a group, create a chart that synthesizes the qualities, attitudes, behaviours and lessons learned by each team member.

Step 3:

Facilitate a group discussion along the lines of:

- What is your reaction to seeing the range of influences and insights? What observations do you have?

- Are there similarities in what has emerged?

- Differences? You may find some qualities and messages classified as positive by some team members and negative by others. Facilitate some discussion about what these qualities mean to different members.

- What can you learn from this chart?

- What "leaderly" action will you apply to your work in the team?

8.5 Resources

There are dozens of leadership development books and courses available to team members who would like to increase their personal effectiveness in leadership. The following are recommended.

Bennis, W. and Goldsmith, J. (1997) *Learning to Lead: A Workbook on Becoming a Leader.* Cambridge, Massachusetts: Perseus Books.

> This workbook can be used as a self-paced resource for examining your personal approach to leadership. It includes numerous self assessments and worksheets on topics such as Self Knowledge, Your Vision, Trust and Integrity and Results.

Kouzes, J. and Posner, B. (2002) *The Leadership Challenge* San Francisco: Jossey-Bass.

This is a classic for good reason. This book promotes a values-driven approach to leadership consistent with the philosophy of many CHCs.

Managers and Leaders[151]

Managers	Leaders
Focuses on the here and now	Focuses on the future
Relies on Control	Articulates a vision
Motivates	Inspires Trust
Administers and Monitors	Innovates
Maintains things the way they are	Encourages transformation to develop member skills and confidence
Focuses on Systems and Structures	Focuses on people: Motivates members to achieve objectives
Asks how and when	Asks what and why
Has a short range view	Has a long range perspective
Has an eye on the bottom line	Has an eye on the horizon
Accepts the status quo	Challenges the status quo
Imitates	Originates

Leadership Qualities, Attitudes, Behaviours and Lessons[152]

Think about 6 people who you consider to be leaders – they can be people you remember or know now. List the lessons you have learned from these leaders that have been valuable in your personal and professional life.

Managers	Leaders	Attitude	Behaviours	Lessons
Example Susan	Personal integrity	Constructive	Outspoken	Speak your mind
1.				
2.				
3.				
4.				
5.				
6.				

Evaluate

Evaluate the Effectiveness of Interventions

Once the intervention is complete, whether at a team meeting, workshop session or a staff retreat, you will want to evaluate if the intervention met the team's objectives. The focus here is on evaluating the development intervention. One method for evaluating workplace learning suggests that you gather information at four levels in order to get a holistic picture of what has been accomplished.[153] Evaluating the intervention is a great role for your team planning committee to be involved with. Members of the planning committee will want to know how the current session was received and how similar sessions could be improved in the future. The committee may keep track of discussion topics or competency areas the team would like to explore next.

Reaction

A first level of evaluating training assesses participants' immediate reaction to the session and often gauges whether participants liked the session. This level gathers information about individual perceptions at a specific time[154] and is more properly seen as a measure of feelings, rather than learning. The most commonly used tool for this type of process evaluation is the reaction sheet, such as the sample Participant Response Sheet included in this section of the toolkit.

You can customize your reaction level evaluation by including questions such as

- Were your goals for the session met? For example, did the activities address the areas for improvement identified?

- Do participants feel they learned knowledge, skills or attitudes that they needed or wanted?

- Were the learning activities appropriate for the team's stage of development?

- Was there enough time allowed to ensure everyone was able to participate?

- Was the facilitation appropriate for the team?

- In considering the whole activity, what might have worked better?

Use variations of questions that are relevant to the goals of the intervention. The planning team can compile replies to the reaction sheets and bring the results to another team meeting for team members to interpret together. This can be a great springboard for convening a new planning committee and beginning the cycle again.

The planning committee members may also meet to conduct a short process evaluation, considering questions such as:

- Were the planning team's goals met?

- Did the activities address the results of the Team Effectiveness Survey or other tools used to plan the intervention?

- What recommendations does the planning committee have for the next round of assessing, planning and intervening?

- What adaptations might be suggested?

Learning

The second level of training evaluation considers whether the participants absorbed facts, techniques or principles from the intervention. At a team meeting 2-3 weeks after the learning session, the following questions could be asked.

- Something that was new for me in the session was…

- Two new things I learned were…

- What did you learn that you could apply to your teamwork?

Some participants enjoy reviewing their notes from the beginning of a session, especially if you have incorporated time for members to state or write what they hoped to learn.

Behaviour

This level stresses confirming evidence of changed behaviour, such as observations from other team members. Most often, we are interested here in behaviour change sustained over time, indicating that team members have incorporated their insights or agreements into their personal and team repertoire. This is most often verified after an interval of time has passed since the intervention. Behaviour level learning is often measured three to six months following interventions.

For example, three months after an intervention on conflict styles, is the team using their conflict management skills to address conflict more openly? Do team members see evidence of the use of the new competencies? This might also be a good time to circulate a Post Intervention Team Member Evaluation if this has not already been done.

Results

The fourth level asks the team to consider whether the issue is improved or if the problem has been solved over time. Questions at this level seek information about whether team performance has improved. The time frame should be long enough after the intervention to give the participants an opportunity to embed their new practices into their team routines and culture.

- Has the solution or new practice contributed to improved team or organizational performance? For example, a year after working on developing more productive meetings, are the meetings running smoothly? Have the team concerns with meetings been addressed? If yes, what was effective? If not, why not? What is getting in the way?

It is at this level that you can ascertain if the learning interventions have had their desired effect. If your team is experiencing difficulties with the same competencies, it may be more appropriate to examine what organizational or structural barriers might be getting in the way of the team. Consider whether managerial supports or organizational changes might be more effective routes to help the team, rather than additional training. The team may benefit from completing the Team Effectiveness Survey again and comparing it to the previous year's results to note areas of similarity or difference.

A Sample Participant Response[155] Sheet

1. What ideas from this intervention* were most meaningful to you?

2. What ideas and activities from this intervention were least meaningful to you?

3. Circle the number that represents the overall value of the workshop to you.

1	2	3	4	5
No Help	Some help	Helpful	Considerably helpful	Extremely helpful

4. How could we make this workshop even better?

5. If this workshop were made available again, with the goal of helping your team, how would you like to see it done? What should be changed?

Thank you for your suggestions.

* Substitute workshop, session, or discussion to match the format of the intervention.

Sample Post-Intervention Team Member Evaluation[156]

On ---*date*---, your team met to resolve its issues of *(example) work distribution and role clarity.* Some weeks have now passed and it's important that we stop to assess how successful those efforts have been.

Please complete the following questions anonymously and return to ---*name*--- by ---*date*---. Your frank and constructive comments are most appreciated.

1. What would you say has been improved as a result of the intervention?

2. Has anything actually been made worse by the intervention?

3. Is there anything that remains a problem in spite of the intervention?

4. What further action do we need to take on this subject? Do we need another intervention? If so, what do you recommend?

Additional comments:

Conclusion

In Canada, the renewed emphasis on interdisciplinary care and teamwork is part of systems change intended to improve the quality of care for patients, clients and communities. Interdisciplinary care is highly client centred, involving the coordination of a variety of primary health care providers. The goal is to have services provided by the health care professional that can best meet the individual's needs.

This renewed emphasis reflects the experience of many other sectors of society where there is growing evidence that when individuals with different knowledge, training, experience and attitudes work together in a team, the result is increased innovation, productivity and synergy.

Effective teams are built on strong relationships centered on trust and cooperation. Team members need to respect each other's contribution, communicate well and to make decisions together.

CHCs have the experience of providing care through interdisciplinary teams since their inception and have learned much about both the strengths and challenges of interdisciplinary care. There is still more to be learned and understood about the model and how it can be developed. The toolkit is meant to be a contribution to that learning.

The AOHC research has confirmed much of what is already known from the literature about teams in general and interdisciplinary teams in particular. A common vision and purpose, good communication, recognition of and respect for the knowledge and skills of everyone on the team, organizational supports such as time to meet and collaborate, and mechanisms for resolving conflict are keys to creating effective interdisciplinary teams. Developing these competencies is the focus of the toolkit.

This toolkit was written to act as a stimulus for primary health care teams to learn more about the competencies required to be an effective team member. It was also envisioned that the resource could provide a springboard for further discussion and exploration of what makes for an effective team in the primary health care setting you are working in.

It has been suggested by a physician-educator that, "just putting people together to work does not necessarily produce effective teamwork." [157] This resource will be of interest to people who are part of a primary health care team and want to learn more about how to make it work.

A core value of CHCs has been capacity building. The toolkit was designed to build the capacity of CHCs and other primary health care teams to become the best that they can be, whatever the setting in which they work.

The Canadian Health Services Research Foundation has recently suggested that "teams function differently depending on where they operate…the wide variety of settings and tasks mean that transferability of processes is not always straightforward." [158] The toolkit was designed with this notion in mind and is meant to be adaptable to address the unique challenges faced in creating effective interdisciplinary teams in a variety of settings. We hope that you find something meaningful in the toolkit that can be adapted and applied to the specific setting you work in. We expect that as your team becomes familiar with the activities, the tools will become even better than they are now and your team will grow from good to great.

Additional Resources

Canadian Primary Health Care Initiatives

1. **Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP)**

   Changing the way that health providers are educated is central to achieving system change and to ensuring that health providers have the necessary knowledge and training to work effectively in interprofessional teams within the evolving health care system. This component of the proposed Pan-Canadian Health Human Resources Strategy will facilitate and support the implementation of a strategy on Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) across all health care sectors. For the full report visit:
   http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index_e.html

2. **Canadian Primary Health Care Transition Fund (PHCTF) Projects**

   The Primary Health Care Transition Fund supported provinces and territories in their primary care reform efforts. Five common objectives were developed:

   • to increase the proportion of the population with access to primary health care organizations which are accountable for the planned provision of comprehensive services to a defined population;

   • to increase the emphasis on health promotion, disease and injury prevention, and chronic disease management;

   • to expand 24/7 access to essential services;

   • to establish multi-disciplinary teams, so that the most appropriate care is provided by the most appropriate provider; and

   • to facilitate coordination with other health services (such as specialists and hospitals).

   Further background on the Fund and descriptions of funded initiatives can be found at http://www.hc-sc.gc.ca/hcs-sss/prim/phctf-fassp/index_e.html

3. Canadian Collaborative Mental Health Initiative (CCMHI)

In order to assist the understanding and implementation of collaborative mental health care in primary care settings, the CCMHI has focused on several deliverables aimed at establishing a foundation for collaborative mental health care in Canada. The CCMHI will produce three key products including: a series of papers that capture the current state of collaborative mental health care; toolkits for collaborative mental health care practice; and a Charter of principles and commitments that will influence the future of mental health services. For more information and copies of their resources visit: http://www.ccmhi.ca/

4. Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative

The purpose of the EICP initiative is to enhance the quality, effectiveness and efficiency of the delivery of primary health care in Canada. Specifically, the EICP Initiative will deliver:

- A set of principles and a framework that will enhance the prospects and options for more collaborative care in settings across the country;

- Research about best practices and the state of collaborative care in Canada;

- Tools to help primary health care providers work together more effectively; and

- Recommendations that will help the public, provincial/territorial governments, regional health authorities, regulators, private insurers and educators embrace and implement the principles and framework

For more information and copies of their resources visit http://www.eicp-acis.ca/

Interdisciplinary / Interprofessional Education

5. University of Toronto Interprofessional Education Website
http://www.ipe.utoronto.ca/index.html

6. **University of British Columbia Interprofessional Continuing Education website**
    http://www.interprofessional.ubc.ca/about.htm

7. **Memorial University Newfoundland, Centre for Collaborative Health Professional Education**
    http://www.med.mun.ca/cchpe/default.htm

8. **The Expert Preceptor Interactive Curriculum**
    http://www.med.unc.edu/epic/welcome.htm

9. **Selected Bibliography of Interprofessional Education Resources**
    http://ipe.utoronto.ca/resources/bibliography.html

10. **Demonstrating Excellence in Practice-Based Teaching for Public Health**
    http://www.asph.org/UserFiles/ASPH_10_2004.pdf

Teamwork and Collaboration

11. **Collaboration in Primary Care – Family Doctors & Nurse Practitioners Delivering Shared Care:** Discussion Paper Written for the Ontario College of Family Physicians by Daniel Way, Linda Jones & Nick Busing.
    http://www.familymedicine.uottawa.ca/eng/implementation_strategies.aspx

12. **A Culture of Teamwork,** from the Bristol Royal Infirmary Society
    http://www.bristol-inquiry.org.uk/final_report/report/sec2chap22_10.htm

13. **Multidisciplinary Team working: Beyond the Barriers?** A Review of the Issues, from Scottish Council for Research in Education
    http://www.scre.ac.uk/resreport/rr96/

14. **Team Work in Health Care,** from a series by Dr. David Ryan
    http://www.bristol-inquiry.org.uk/final_report/report/sec2chap22_10.htm

15. **Maxims for Effective Team Work** from Dalhousie University
    http://ipl.dal.ca/student.htm

16. **The Virtual Health Care Team Interdisciplinary Case Studies**, The University of Missouri
    http://www.vhct.org/index.shtml

17. **The Cochrane Effective Practice and Organization of Care (EPOC)**

http://www.epoc.uottawa.ca/reviews.htm

Journals

18. **Journal of Interprofessional Care**

http://www.staff.city.ac.uk/s.reeves-1/

19. **Internet Journal of Allied Health Sciences and Practice**

http://ijahsp.nova.edu/

Audio-Visual Materials

20. **Hand in Hand**

A video about the CHC approach to interdisciplinary care. Available on the AOHC website, www.aohc.org, or by contacting AOHC directly at: info@aohc.org

21. **The EICP Initiative**

EICP has developed a video about interdisciplinary collaboration that can be accessed from their website: http://www.eicp-acis.ca/en/

References

Endnotes

1 Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.* Toronto: Association of Ontario Health Centres.

2 Association of Ontario Health Centres (2003) *From Evidence to Outcome: Integrating Best Practice and Program Development: A Guide for Interdisciplinary Teams.*

3 Nolte, J. (2007) Key Issues from Literature on Interdisciplinary Collaboration in *Building Better Teams: Learning from Ontario Community Health Centres.*

4 Brown, J.B., Bickford, J., Moss, K., & Gillis, L (2007) Qualitative Research Methods in *Building Better Teams: Learning from Ontario Community Health Centres.*

5 Belle Brown J., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.* Toronto: Association of Ontario Health Centres

6 Bens, I. (2000) *Advanced Team Facilitation: Tools to Achieve High Performance Teams.* p. 63.

7 Senge, P. (1990) *The Fifth Discipline: The Art and Practice of the Learning Organization.*

8 Laiken, M., Chatalalsingh, C, Belle Brown, J., Bickford, J., Moss, K. & Gillis, L. (2007). Organizational Support for Interprofessional Teams in Primary Health Care in *Building Better Teams: Learning from Ontario Community Health Centres.*

9 Ryan, D. (2006). Tools for Facilitating Health Care Teamwork in *Multiprofessional Education in the Health Sciences.*

10 Tuckman, B. (1965) Developmental Sequence in Small Groups. *Psychological Bulletin* 63, (6).

[11] Laiken, M. (1994) *The Anatomy of High Performing Teams: A Leader's Handbook.*

[12] Katzenbach, J. & Smith, D. (2005) *The Wisdom of Teams: Creating the High Performance Organization.* p. 275

[13] Moss, K., Brown, J. B., Bickford, J., & Gillis, L. (2007) Organizational Growth in CHCs: The Flattened Hierarchy in *Building Better Teams: Learning from Ontario Community Health Centres.*

[14] Davidson, B. (2007) Leadership and Interdisciplinary Teams: Ontario Community Health Centres in Transition in *Building Better Teams: Learning from Ontario Community Health Centres.*

[15] Ryan, D. (2006) Tools for Facilitating Health Care Teamwork in *Multiprofessional Education in the Health Sciences.*

[16] Scholtes, P.R., Joiner, B.L., & Streiber, B.J. (2003) *The Team Handbook* (3rd ed).

[17] Arnold, E.A & Boggs, K.U. (1995) *Interpersonal Relationships: Professional Communication Skills for Nurses.*

[18] Laiken, M. (1994) *The Anatomy of High Performing Teams: A Leader's Handbook.*

[19] Scholtes, P.R., Joiner, B.L., & Streiber, B.J. (2003) *The Team Handbook* (3rd ed).

[20] Laiken, M. (1994) *The Anatomy of High Performing Teams:* A Leader's Handbook.

[21] Arnold, E.A & Boggs, K.U. (1995) *Interpersonal Relationships: Professional Communication Skills for Nurses.*

[22] Ryan, D. (2006) Tools for Facilitating Health Care Teamwork in *Multiprofessional Education in the Health Sciences.*

[23] Scholtes, P.R., Joiner, B.L., & Streiber, B.J. (2003) *The Team Handbook* (3rd ed).

[24] Arnold, E.A & Boggs, K.U. (1995) *Interpersonal Relationships: Professional Communication Skills for Nurses.* p. 279-281.

25 Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

26 Laiken, M., E., Chatalalsingh, C., Brown, J.B., Bickford, J., Moss, K., & Gillis, L., (2007) Organizational Support for Interprofessional Teams in Primary Health Care in *Building Better Teams: Learning from Ontario Community Health Centres.*

27 Scholtes, P.R., Joiner, B.L., & Streiber, B.J. (2003) *The Team Handbook* (3rd ed).

28 Arnold, E.A & Boggs, K.U. (1995) *Interpersonal Relationships: Professional Communication Skills for Nurses.*

29 Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

30 Laiken, M. (1994) *The Anatomy of High Performing Teams: A Leader's Handbook*

31 Scholtes, P.R., Joiner, B.L., & Streiber, B.J. (2003) *The Team Handbook* (3rd ed).

32 Arnold, E.A & Boggs, K.U. (1995) *Interpersonal Relationships: Professional Communication Skills for Nurses.* p. 280.

33 Arnold, E.A & Boggs, K.U. (1995) *Interpersonal Relationships: Professional Communication Skills for Nurses.*

34 Ryan, D. (2006) Tools for Facilitating Health Care Teamwork in *Multiprofessional Education in the Health Sciences.*

35 Scholtes, P.R., Joiner, B.L., & Streiber, B.J. (2003) *The Team Handbook* (3rd ed).

36 Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

37 Laiken, M. (1994) *The Anatomy of High Performing Teams: A Leader's Handbook*

[38] Tuckman, B.W. & Jenson, M.A. (1977) *Stages of Small Group Development Revisited.*

[39] Scholtes, P.R., Joiner, B.L., & Streiber, B.J. (2003) *The Team Handbook* (3rd ed)

[40] Muchinsky, P. (2000). *Psychology Applied to Work: An Introduction to Industrial and Organizational Psychology* (6th ed). Scarborough: Nelson / Thomson Learning.

[41] Laiken, M. Laiken, M., Chatalalsingh, C, Belle Brown, J., Bickford, J., Moss, K. & Gillis, L. (2007) Organizational Support for Interprofessional Teams in Primary Health Care in *Building Better Teams: Learning from Ontario Community Health Centres.*

[42] San Martin-Rodriguez, L.S., Beaulieu, M. D., D'Amour, D., & Ferrada-Videla, M. (2005). The Determinants of Successful Collaboration: A Review of Theoretical and Empirical Studies in *Journal of Interprofessional Care.*

[43] Katzenbach, J. & Smith, D. (1993) *The Wisdom of Teams: Creating the High Performance Organization*, p. 92.

[44] Kouzes, J. & Posner, B. (2002) *The Leadership Challenge* p. 125 and p. 130.

[45] Adapted from Kouzes, J. & Posner, B. (2002). *The Leadership Challenge* (3rd ed) p.135.

[46] Bennis, W. & Goldsmith, J. (1997) *Learning to Lead* p. 106

[47] Laiken, M., Chatalalsingh, C., Belle Brown, J., Bickford, J., Moss, K., & Gillis, L.(2007) Organizational Support for Interprofessional Teams in Primary Health Care in *Building Better Teams: Learning from Ontario Community Health Centres*

[48] Kouzes, J. & Posner, B. (2002) *The Leadership Challenge* (3rd ed.) p. 83.

[49] Gallois, C. & Callan, V. (1997) *Communication and Culture: A Guide for Practice*

[50] Kouzes, J. & Posner, B. (2002) *The Leadership Challenge* (3rd ed.).

[51] Bickford, J., Brown, J.B., Moss, K., & Gillis, L., (2007) Challenges to Teamwork in CHCs; in *Building Better Teams: Learning from Ontario Community Health Centres.*

52 Hargie, O., & Dickson, D., (2004) *Skilled Interpersonal Communication.* p.417

53 Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007). What Makes a Teamwork in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

54 Bickford, J., Brown, J.B., Moss, K., & Gillis, L. (2007). Challenges to Teamwork in CHCs in *Building Better Teams: Learning from Ontario Community Health Centres.*

55 Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007). What Makes a Teamwork in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

56 Minore, B., Hill, M.E., Brown, J. B., Bickford, J., Moss, K., & Gillis, L. (2007) Bumping Together in the Hallways-A Secret of Teamwork? in *Building Better Teams: Learning from Ontario Community Health Centres.*

57 Minore, B., Hill, M.E., Brown, J. B., Bickford, J., Moss, K., & Gillis, L. (2007) Bumping Together in the Hallways-A Secret of Teamwork? in *Building Better Teams: Learning from Ontario Community Health Centres.*

58 Moss, K., Brown, J. B., Bickford, J., & Gillis, L. (2007) Organizational Growth in CHCs: The "Flattened-Hierarchy" in *Building Better Teams: Learning from Ontario Community Health Centres.*

59 Minore, B., Hill, M.E., Brown, J. B., Bickford, J., Moss, K., & Gillis, L. (2007) Bumping Together in the Hallways-A Secret of Teamwork? in *Building Better Teams: Learning from Ontario Community Health Centres.*

60 White, J., & Memory, H. (1997) Developing Organizational Communication In J.E. Neuman, K. Kellner, & A. Dawson-Shepherd, A. (Eds.). *Developing Organizational Consulting.*

61 EICP-ACIS (2004). *The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care.* p. 3.

62 Primary Health Care, A Framework that Fits. (2006) EICP-ACIS. www.eicp-acis.ca.

[63] Canadian Health Services Research Foundation. (2006). *Teamwork in Health Care: Promoting Effective Teamwork in Health Care in Canada: Policy Synthesis and Recommendations.* p. 4.

[64] Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

[65] San Martin-Rodriguez, L.S., et al. (2005). *The Determinants of Successful Collaboration: A Review of Theoretical and Empirical Studies.*

[66] Mor Barak, M.E. (2005) *Managing Diversity: Toward a Globally Inclusive Workplace p. 184.*

[67] Hall, P. (2005) *Interprofessional Teamwork: Professional Cultures as Barriers.*

[68] Arnold, E. A. & Boggs, K.U. (1995) *Interpersonal Relationships: Professional Communication Skills for Nurses.* p. 519.

[69] Laiken, M. E., Chatalalsingh, C., Brown, J.B., Bickford, J., Moss, K. & Gillis, L. (2007) Organizational Support for Interprofessional Teams in Primary Health Care. in *Building Better Teams: Learning from Ontario Community Health Centres.*

[70] Gierman, N., Jackson, S., Bickford, J., Brown, J.B., Gillis, L. & Moss, K. (2007) Health Promotion in Community Health Centres: Silos or Teams in *Building Better Teams: Learning from Ontario Community Health Centres.*

[71] Gierman, N., Jackson, S., Bickford, J., Brown, J.B., Gillis, L. & Moss, K. (2007). Health Promotion in Community Health Centres: Silos or Teams in *Building Better Teams: Learning from Ontario Community Health Centres.*

[72] Bickford, J., Brown, J.B., Moss, K., & Gillis, L. (2007). Challenges to Team Work in CHC in *Building Better Teams: Learning from Ontario Community Health Centres.*

[73] Bickford, J., Brown, J.B., Moss, K., & Gillis, L. (2007). Challenges to Team Work in CHCs in *Building Better Teams: Learning from Ontario Community Health Centres.*

[74] Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

[75] Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

[76] Gierman, N., Jackson, S., Bickford, J., Brown, J.B., Gillis, L. & Moss, K. (2007). Health Promotion in Community Health Centres: Silos or Teams in *Building Better Teams: Learning from Ontario Community Health Centres.*

[77] Laiken, M., E., Chatalalsingh, C., Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007). Organizational Support for Interprofessional Teams in Primary Health Care in *Building Better Teams: Learning from Ontario Community Health Centres.*

[78] Kouzes, J. & Posner, B. (2002) *The Leadership Challenge* (3rd ed)

[79] Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

[80] Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

[81] Moss, K., Brown, J. B., Bickford, J., & Gillis, L. (2007) Implications of Organizational Growth in Ontario CHCs: Challenges and Solutions in *Building Better Teams: Learning from Ontario Community Health Centres.*

[82] Laiken, M.E., Chatalalsingh, C., Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) Organizational Support for Interprofessional Teams in Primary Health Care in *Building Better Teams: Learning from Ontario Community Health Centres.*

[83] Moss, K., Brown, J. B., Bickford, J., & Gillis, L. (2007). Organizational Growth in CHCs: The "Flattened Hierarchy" in *Building Better Teams: Learning from Ontario Community Health Centres.*

84 Bickford, J., Brown, J.B., Moss, K., & Gillis, L. (2007). Challenges to Teamwork in CHCs in *Building Better Teams: Learning from Ontario Community Health Centres.*

85 Laiken, M.E., Chatalalsingh, C., Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) Organizational Support for Interprofessional Teams in Primary Health Care in *Building Better Teams: Learning from Ontario Community Health Centres.*

86 Gallois, C. & Callan, V. (1997) *Communication and Culture: A Guide for Practice.*

87 Arnold, E. A. & Boggs, K. U. (1995) *Interpersonal Relationships: Professional Communication Skills for Nurses* (2nd ed).

88 Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

89 Bens, I. (2000) *Advanced Team Facilitation: Tools to Achieve High Performance Teams.* p.171; Scholtes, P.R., Joiner, B.L., & Streiber, B.J. (2003) *The Team Handbook* (3rd ed.) p. 3-24.

90 Bens, I. (2000). *Advanced Team Facilitation: Tools to Achieve High Performance Teams.* p. 174.

91 Laiken, M. E., Chatalalsingh, C., Brown, J. B., Bickford, J., Moss, K., & Gillis, L. (2007). Organizational Support for Interprofessional Teams in Primary Health Care in *Building Better Teams: Learning from Ontario Community Health Centres.*

92 Picard, C., Bishop, P., Ramkay, R., & Sargent, N. (2004). *The Art and Science of Mediation.* p. 3.

93 Kestner, B. & Ray, L., (2002) *The Conflict Resolution Training Program Leaders Manual.* p. 59.

94 Beer, J., & Stief, E. (1997). *The Mediators Handbook.* p. 11.

95 Mayer, B. (2000). *How People Conflict*, p. 27.

96 Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007). What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

[97] Bickford, J., Brown, J.B., Moss, K., & Gillis, L., (2007). Challenges to Team Work in CHCs in *Building Better Teams: Learning from Ontario Community Health Centres.*

[98] Le Baron, M. (2003). *Bridging Cultures: Uncovering Paths that Connect Us.* p. 9.

[99] Gallois, C., & Callan, V. (1997). *Communication and Culture: A Guide for Practice.* p. 28

[100] Le Baron, M., (2003). *Trickster, Mediators Friend* p. 135.

[101] Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007). What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

[102] Sicotte, C., D' Armour, D., & Moreeault, M-P. (2002). Interdisciplinary Collaboration Within Quebec Community Health Centres *Social Science and Medicine.* 2002; 55:993.

[103] Bickford, J., Brown, J.B., Moss, K., & Gillis, L. (2007). Challenges to Teamwork in CHCs in *Building Better Teams: Learning from Ontario Community Health Centres.*

[104] Bickford, J., Brown, J.B., Moss, K., & Gillis, L. (2007). Challenges to Teamwork in CHCs in *Building Better Teams: Learning from Ontario Community Health Centres.*

[105] Huntington, J. (1981). *Social Work and General Medical Practice: Collaboration or Conflict?*

[106] Laiken, M. E., Chatalalsingh, C., Brown, J. B., Bickford, J., Moss, K., & Gillis, L. (2007). Organizational Support for Interprofessional Teams in Primary Health Care in *Building Better Teams: Learning from Ontario Community Health Centres.*

[107] Picard, C., Bishop, P., Ramkay, R., & Sargent, N. (2004). *The Art and Science of Mediation* p. 9-10.

[108] Minore, B., Hill, M.E., Brown, J. B., Bickford, J., Moss, K. & Gillis, L. (2007). Bumping Together in the Hallways-A Secret of Teamwork? in *Building Better Teams: Learning from Ontario Community Health Centres.*

[109] Davidson, B. (2007) Leadership and Interdisciplinary Teams: Ontario Community Health Centres in Transition in *Building Better Teams: Learning from Ontario Community Health Centres.*

[110] Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Team Work in a Community Health Centre? in *Building Better Teams: Learning from Ontario Community Health Centres.*

[111] Gierman, N., Jackson, S., Bickford, J., Brown, J.B., Gillis, L., & Moss, K., (2007) Health Promotion in Community Health Centres: Silos or Teams in *Building Better Teams: Learning from Ontario Community Health Centres.*

[112] Moss, K., Brown, J. B., Bickford, J., & Gillis, L. (2007). Organizational Growth in CHCs: The The "Flattened Hierarchy" in *Building Better Teams: Learning from Ontario Community Health Centres.*

[113] Bickford, J., Brown, J.B., Moss, K., & Gillis, L. (2007). Nurse Practitioner - Family Physician Collaboration in Ontario CHCs: Challenges and Solutions in *Building Better Teams: Learning from Ontario Community Health Centres.*

[114] Picard, C., Bishop, P., Ramkay, R., & Sargent, N., (2004). *The Art and Science of Mediation*

[115] Lencioni. P. (2005). *Overcoming the Five Dysfunctions of a Team.* p. 40.

[116] Laiken, M. (2003) *Models of Organizational Learning: Paradoxes and Best Practices in the Post Industrial Workplace.*

[117] Bickford, J., Brown, J.B., Moss, K., & Gillis, L., (2007) Challenges to Teamwork in CHCs in *Building Better Teams: Learning from Ontario Community Health Centres.*

[118] Bickford, J., Brown, J.B., Moss, K., & Gillis, L., (2007) Challenges to Teamwork in CHCs in *Building Better Teams: Learning from Ontario Community Health Centres.*

[119] Thomas, K.W. & Kilmann, R.K. (1974). *Conflict Mode Instrument.* New York. XICOM.

[120] Adapted from Kestner, B. & Ray, L. (2002). *The Conflict Resolution Training Program: Leaders Manual.*

[121] Lencioni, P. (2005) *Overcoming the Five Dysfunctions of a Team*. p 123.

[122] Laiken, M. E., Chatalalsingh, C., Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007). Organizational Support for Interprofessional Teams in Primary Health *Care in Building Better Teams: Learning from Ontario Community Health Centres.*

[123] Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007). What Makes a Teamwork in a Community Health Centre in *Building Better Teams: Learning from Ontario Community Health Centres.*

[124] Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007) What Makes a Teamwork in a Community Health Centre in *Building Better Teams: Learning from Ontario Community Health Centres.*

[125] Conbere, J. (2001). Theory Building for Conflict Management System Design in *Conflict Resolution Quarterly*. 19 (2) p. 215-236.

[126] Moss, K., Brown, J. B., Bickford, J., & Gillis, L. (2007) Organizational Growth in CHCs: The "Flattened Hierarchy" in *Building Better Teams: Learning from Ontario Community Health Centres.*

[127] Adapted from Conbere, J. (2001). Theory Building for Conflict Management System Design in *Conflict Resolution Quarterly*. 19 (2) 215-236.

[128] Source: Thomas, K.W. & Kilmann, R.K. (1974) *Conflict Mode Instrument*. New York. XICOM.

[129] Adapted from Kestner, B. & Ray, L. (2002). *The Conflict Resolution Training Program. Leaders Manual* p 59.

[130] Laiken, M. E., Chatalalsingh, C., Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007). Organizational Support for Interprofessional Teams in Primary Health Care in *Building Better Teams: Learning from Ontario Community Health Centres*

[131] San Martin-Rodriguez, L.S., Beaulieu, M. D., D'Amour, D., & Ferrada-Videla, M. (2005) The Determinants of Successful Collaboration: A Review of Theoretical and Empirical Studies

[132] Bickford, J., Brown, J.B. Moss, K., & Gillis, L. (2007) Nurse Practitioner-Family Physician Collaboration in Ontario CHCs:

Challenges and Solution in *Building Better Teams: Learning from Ontario Community Health Centres*

[133] Gierman, N., Jackson, S., Bickford, J., Brown, J.B., Gillis, L. & Moss, K. (2007). Health Promotion in Community Health Centres: Silos or Teams in *Building Better Teams: Learning from Ontario Community Health Centres.*

[134] Bickford, J., Brown, J. B. Moss, K., & Gillis, L. (2007) Nurse Practitioner-Family Physician Collaboration in Ontario CHCs: Challenges and Solutions in *Building Better Teams: Learning from Ontario Community Health Centres.*

[135] Laiken, M. E., Chatalalsingh, C., Brown, J.B., Bickford, J., Moss, K., & Gillis, L. (2007). Organizational Support for Interprofessional Teams in Primary Health Care. in *Building Better Teams: Learning from Ontario Community Health Centres.*

[136] Gierman, N., Jackson, S., Bickford, J., Brown, J.B., Gillis, L. & Moss, K. (2007). Health Promotion in Community Health Centres: Silos or Teams in *Building Better Teams: Learning from Ontario Community Health Centres.*

[137] Gierman, N., Jackson, S., Bickford, J., Brown, J.B., Gillis, L. & Moss, K. (2007). Health Promotion in Community Health Centres: Silos or Teams in *Building Better Teams: Learning from Ontario Community Health Centres.*

[138] Moss, K., Brown, J. B., Bickford, J. & Gillis, L. (2007). Organizational Growth in CHCs: The "Flattened Hierarchy" in *Building Better Teams: Learning from Ontario Community Health Centres.*

[139] Laiken, M. E., Chatalalsingh, C., Brown, J.B., Bickford, J., Moss, K. & Gillis, L. (2007). Organizational Support for Interprofessional Teams in Primary Health Care in *Building Better Teams: Learning from Ontario Community Health Centres.*

[140] Bickford, J., Brown, J.B., Moss, K. & Gillis, L. (2007). Challenges to Teamwork in CHCs in *Building Better Teams: Learning from Ontario Community Health Centres.*

[141] Bickford, J., Brown, J.B., Moss, K. & Gillis, L. (2007). Challenges to Teamwork in CHCs in *Building Better Teams: Learning from Ontario Community Health Centres.*

[142] Kaner, S. (1996) *Facilitator's Guide to Participatory Decision Making.*

[143] Scholtes, P. R., Joiner, B. L. & Streiber, B. J. (2003). *The Team Handbook* (3rd ed). p. 3-1.

[144] Bens, I. (2000). *Advanced Team Facilitation: Tools to Achieve High Performance Teams.* p 66.

[145] Kouzes, J. & Posner, B. (2002) *The Leadership Challenge* (3rd ed). p. 194.

[146] Davidson, B. (2007). Leadership and Interdisciplinary Teams: Ontario Community Heath Centres in Transition in *Building Better Teams: Learning from Ontario Community Health Centres.*

[147] Davidson, B. (2007). Leadership and Interdisciplinary Teams: Ontario Community Heath Centres in Transition in *Building Better Teams: Learning from Ontario Community Health Centres.*

[148] Yukl, G. *Leadership in Organizations* (1981) p. 7

[149] Davidson, B. (2007) Leadership and Interdisciplinary Teams: Ontario Community Heath Centres in Transition in *Building Better Teams: Learning from Ontario Community Health Centres.*

[150] Yukl, G. (1981) *Leadership in Organizations* p. 5

[151] Adapted from Bennis, W. (1989) *On Becoming a Leader.*

[152] Adapted from Bennis, W. & Goldsmith J. (1997) *Learning to Lead.*

[153] Kirkpatrick, D. (1996) Techniques for Evaluating Training Programs in *Training and Development January 1996.* Alexandria Virginia, USA: American Society for Training and Development.

[154] Fenwick, T. & Parsons, J. (2000) *The Art of Evaluation: A Handbook for Educators and Trainers.*

[155] Adapted from Fenwick, T. & Parsons, J. (2000). T*he Art of Evaluation: A Handbook for Educators and Trainers.*

[156] Bens, I. (2000). *Advanced Team Facilitation: Tools to Achieve High Performance Teams* p.121.

[157] Ryan, D. (2006). Tools for Facilitating Health Care Teamwork in *Multiprofessional Education in the Health Sciences.*

[158] Canadian Health Services Research Foundation. (2006). *Teamwork in Health Care: Promoting Effective Teamwork in Health Care in Canada: Policy Syntheses and Recommendations.*

Resource Evaluation

Building Better Teams: A Toolkit for Strengthening Teamwork in Community Health Centres

Resources, Tips, and Activities you can Use to Enhance Collaboration

Please take a few moments to tell us about your experience with this resource.

Please circle the number that represents the value of the resource to you:

1. This resource was valuable to me (our team)

1	2	3	4	5
No help	Some help	Helpful	Considerably helpful	Extremely helpful

2. What ideas in the resource were most meaningful to you?

3. What ideas and activities in the resource were least meaningful to you?

4. What suggestions or recommendations do you have for improving the resource?

Please forward your reply to mail@aohc.org or

Fax: (416) 236-0431
Attn: Manager of Research and Evaluation