



Nova Scotia Department of Health, Primary Health Care

# Team Functioning

## Participant Materials

*Building a Better Tomorrow Together:*

Team Development for Primary Health Care Collaboration

2009



## Acknowledgements

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# Building a Better Tomorrow Together

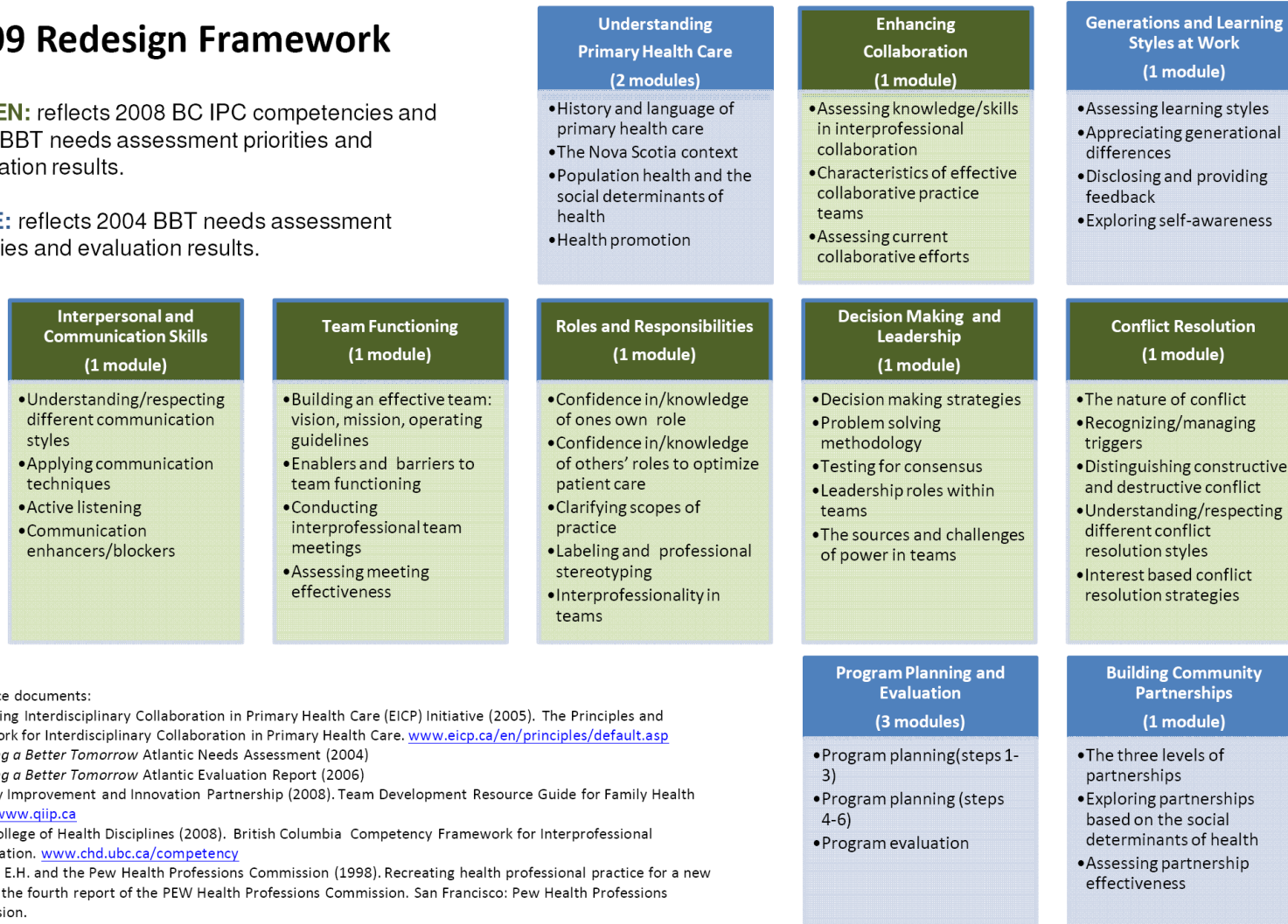
## Team Development for Primary Health Care Collaboration



### 2009 Redesign Framework

**GREEN:** reflects 2008 BC IPC competencies and 2004 BBT needs assessment priorities and evaluation results.

**BLUE:** reflects 2004 BBT needs assessment priorities and evaluation results.



**Reference documents:**

- Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative (2005). The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care. [www.eicp.ca/en/principles/default.asp](http://www.eicp.ca/en/principles/default.asp)
- *Building a Better Tomorrow* Atlantic Needs Assessment (2004)
- *Building a Better Tomorrow* Atlantic Evaluation Report (2006)
- Quality Improvement and Innovation Partnership (2008). Team Development Resource Guide for Family Health Teams. [www.qiip.ca](http://www.qiip.ca)
- UBC College of Health Disciplines (2008). British Columbia Competency Framework for Interprofessional Collaboration. [www.chd.ubc.ca/competency](http://www.chd.ubc.ca/competency)
- O'Neil, E.H. and the Pew Health Professions Commission (1998). Recreating health professional practice for a new century: the fourth report of the PEW Health Professions Commission. San Francisco: Pew Health Professions Commission.

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# Team Functioning Agenda

Welcome and Introductions

Building the Foundation

Conducting Effective Meetings

Wrap-Up

## Team Functioning

# Learning Objectives

Upon completion of this session, participants will be able to:

- Describe the processes for identifying and documenting a team's vision, mission and operating guidelines
- Identify the key processes that support effective teams
- Describe the tools and processes required to ensure effective team meetings
- Identify the importance of meeting guidelines and describe how to develop them
- Discuss strategies for addressing common meetings challenges
- Use a questionnaire to evaluate the effectiveness of meetings

## Defining a Team's Vision and Mission

Clearly identifying and documenting a team's vision and mission is an essential first step in developing a highly effective team.

**Step One:** Develop a clear statement that says why your team exists. (Reason to Be). This is your mission statement.

Example:

*To provide culturally appropriate community-based resources for diabetic children and their families*

**Step Two:** Describe the type of team you would like to become. (Preferred Future)

Example:

*Innovative, resourceful, ground-breaking*

**Step Three:** Put it together: "Reason to Be" + "Preferred Future" = VISION

Example 1:

*To break new ground by striving for innovation and resourcefulness providing services to diabetic children and their families.*

The mandate (mission) of our team is:

Our vision is:

# Developing Operating Guidelines

From our experience, these behaviors contribute to teamwork ...	From our experience, these behaviors are barriers to teamwork ...

Therefore, to ensure that all meeting participants feel included and fully able to take part in meetings, we expect that all team members will ...

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Process	Questions to be considered
<b>Decision Making</b>	<ul style="list-style-type: none"> <li>▪ What types of decisions will be made independently by team members? Under what circumstances should these decisions be communicated to other team members? What is the best way to do this?</li> <li>▪ What types of decisions will be made by sub-groups within the team? Under what circumstances should these decisions be communicated to other team members? What is the best way to do this?</li> <li>▪ What types of decisions will be made by the team leader without consultation with the team? Under what circumstances and how should these be communicated to team members?</li> <li>▪ What types of decisions will the team make using a consensus model?</li> <li>▪ What are the potential barriers to effective decision making within the team and how can they be mitigated?</li> </ul>
<p>Problems anticipated if these questions are not considered include:</p>	

**It is also imperative that teams periodically assess how well they are communicating and how effectively they are making decisions – and for taking corrective action to address barriers or impediments their team’s effectiveness.**

## Sample Meeting Tools

### Agenda

Date:

Purpose:

Time:

Place:

Time	Topic	Lead	Outcome

### Meeting Action Report

Meeting:

Date:

What is to be done?	By whom?	By when?

## Establishing Meeting Guidelines

Developing guidelines or group norms that members agree to respect mitigates challenges associated with meetings. Often meeting guidelines include suggestions related to how meetings are conducted as well as suggestions for appropriate behaviors during meetings.

Here are examples of two statements that might be found in meeting guidelines:

*To ensure our team meetings are effective we agree that we will:*

- *Start and end our meetings on time*
- *Not use our blackberries during the meeting*

Exercise: Based on your personal experiences and the meeting pet peeves that your group identified, develop a list of meeting guidelines that you think would help to ensure that all meeting participants feel included and fully able to take part in meetings.

*To ensure that all meeting participants feel included and fully able to take part in meetings we agree that we will:*

- 
- 
- 
- 
- 
- 
- 
- 

Notes:

## Meeting Roles and Responsibilities

### **Meeting Leader:**

The meeting leader is responsible for keeping the meeting focused and for ensuring that there is effective communication and interaction.

To keep the meeting focused the leader is responsible for:

- Starting the meeting on time
- Reviewing the agenda
- Making sure that someone is taking notes
- Moving through the agenda one item at a time
- Keeping track of time (this can be delegated)
- Summarizing conclusions
- Closing the meeting

To ensure that there is effective communication and interaction the leader is responsible for:

- Encouraging participation
- Facilitating discussion
- Gathering ideas
- Helping the group to arrive at conclusions
- Addressing communication problems
- Actively listening to ensure all perspectives have been heard
- Recognizing potential discrimination, exclusion and isolation due to culture, gender or diversity among participants and working proactively to overcome it
- Addressing communication challenges respectfully and, when appropriate, in a private setting
- Encouraging and incorporating diverse perspectives

### **Note Taker:**

The note taker records: the outcomes of discussions, decisions made, action items and items to be discussed at a future meeting. The note taker is generally responsible for preparing and distributing the meeting action report or in the case of a formal meeting, the minutes of the meeting.

### **All Participants:**

All participants are responsible for preparing for the meeting, recognizing the responsibilities of the meeting leader, and respecting the group norms for meeting.

## Dealing With Common Meeting Challenges

Assume you are responsible for chairing a meeting, what would you do if ...

1. One person is dominating the conversation and not allowing others to speak?
2. One member of your team never participates in group discussions?
3. Two people have just gotten into an argument and the comments are becoming heated?
4. Someone who you know has strong opinions about a topic has not yet joined into the discussion, but is demonstrating body language that leads you to believe she is becoming quite upset?
5. Someone wants to bring up a topic that is not on the agenda and you have already once politely suggested that the discussion should wait for another meeting?
6. Someone who has already spoken on a topic twice is starting to speak again – and repeating what they have already said – except more loudly?
7. Someone has twice interrupted another person in an argumentative way?
8. Two people are engaged in a sidebar conversation while a third person is speaking?

# Meeting Effectiveness Survey

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

## 1. Meeting Objectives

Are the objectives set out in advance of the meeting?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
----------	----------	----------	----------	----------	----------	----------

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?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
----------	----------	----------	----------	----------	----------	----------

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

## 3. Start Times

Do meetings start on time?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
----------	----------	----------	----------	----------	----------	----------

Meetings hardly ever start on time Meetings always start on time

## 4. Time Limits

Are there time limits for each agenda item?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
----------	----------	----------	----------	----------	----------	----------

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?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
----------	----------	----------	----------	----------	----------	----------

Items are seldom brought forward Items are always brought forward

## 6. Role Clarity

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
----------	----------	----------	----------	----------	----------	----------

Roles are not defined Roles are always defined

## 7. Setting

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
----------	----------	----------	----------	----------	----------	----------

The meeting place is not well suited The meeting place is very good

### 8. 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

There is always clarity on process

### 9. 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

### 10. 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

### 11. 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 actions

### 12. 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

Authority is shared and makes most decisions

### 13. Pace

How would you rate the pace of the meeting?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Poor

Just Right

### 14. 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

### 15. Record Keeping

Are quality minutes kept and circulated, with action items being identified?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Rarely kept and circulated

Always kept and circulated

### 16. 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

### 17. 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

### 18. 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

### 19. 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

(Bens I. 2000)

This questionnaire has been copied from "Resource Guide – Team Building in Family Health" Module 4 available at: [www.qiip.ca/resource-guide.php](http://www.qiip.ca/resource-guide.php)

## Appendix A: Cultural Competence - Essential to Building a Better Tomorrow Together

Cultural Competence refers to the attitudes, knowledge, skills, behaviours and policies required to better meet the needs of all the people we serve. Culture...refers to a group or community that share common experiences that shape the way its members understand the world. It is multi-layered, evolving and includes groups that we are born into or become such as; national origin, levels of ability, gender, sexual orientation and identity, race/ethnicity, socio-economic class or religion. People have multiple cultures.<sup>1</sup>

So begins the *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*, first endorsed by the Nova Scotia Department of Health in 2006. These guidelines originated as a response to identified needs and barriers of identified through consultation with Nova Scotia's diverse minority communities. The guidelines provide us with clear direction for enabling culturally competent care. They also serve to remind us that healthcare providers, health promotion staff, health systems and health organizations are accountable for the delivery of such care.

### **The complete list of *Guidelines* includes:**

1. Nova Scotia DHAs, CHBs, the IWK and primary health care organizations should ensure that their staff provide to Nova Scotia patients/consumers, primary health care that is respectfully delivered and responsive to cultural health beliefs, practices, lived experiences and linguistic differences in Nova Scotia.
2. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively with culturally diverse populations, including but not limited to: First Nations, African Canadians, Acadians, Francophones and Immigrant Communities, to design targeted, accessible and effective health initiatives in all aspects of primary health care.
3. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, IWK and academic institutions should collaborate to devise and implement strategies for the recruitment, retention and promotion of diverse health staff, providers and leaders at all levels.
4. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs the IWK, primary health care organizations and health related, academic institutions should make cultural competence training available on an ongoing basis to all primary

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<sup>1</sup> Province of Nova Scotia (2008). *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*

health care students, staff and providers at all levels and across all disciplines, and facilitate the development of cultural competence across the primary health care system.

5. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, the IWK and primary health care organizations should offer and provide services in Canada's official languages with the phased in recruitment of French speaking, bilingual staff and the use of cultural health interpreters.

6. Nova Scotia DHAs, the IWK and primary health care organizations should offer and provide cultural health interpretation services in languages provided by Nova Scotia's Community Health Information and Interpreting Service for any primary health care patient/consumer with English or French as a second language at no cost to the patient/consumer.

7. Nova Scotia DHAs, the IWK and primary health care organizations should provide written notice of the availability of cultural health interpretation services in all of the languages provided by Nova Scotia's Community Health Information and Interpreting Service and when possible, cultural health interpretation in the Mi'kmaq language.

8. Nova Scotia DHAs, the IWK and primary health care organizations should ensure that patient/consumer family and friends not be used to provide interpretation services except at the direct request of the patient/consumer.

9. Nova Scotia DHAs, the IWK and primary health care organizations should reflect Nova Scotia's diverse populations in pictures, written information and advertisements and post signage and provide written material for all literacy levels in the languages commonly spoken in their service areas.

10. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs the IWK and primary health care organizations should ensure that their vision, mission, strategic plans, job performance expectations and accreditation processes incorporate accountability for cultural competence and culturally appropriate services at the highest level of the organization.

11. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively and independently to develop public information and communication plans to explain the importance of race, ethnic and linguistic identifiers in epidemiological and health utilization data for the purposes of effective planning, program delivery and the development of a culturally competent, primary health care system.

12. DHAs, CHBs, the IWK and primary health care organizations should maintain up-to-date demographic, cultural and epidemiological profiles of their communities in order to effectively plan and provide services that respond to the racial, ethnic, cultural, spiritual and linguistic needs of the populations they serve.

13. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and updated through the MSI database, and other data collected by organizations incorporates, with patient/consumer agreement, information that specifies race, ethnicity and language of patients/consumers without individual patient identification.

14. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and research resulting from the data, facilitate best practice in culturally competent care, movement toward the elimination of health disparities among populations, and the improvement of health status of those populations most at risk for poor health.

15. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK, provincial programs and primary health care organizations should inform, increase and facilitate culturally appropriate screening among Nova Scotia's culturally diverse populations for chronic diseases including but not limited to; diabetes, cancers, cardiovascular disease, hypertension and sickle cell anemia.

Attention to cultural competence is essential for reducing health disparities, addressing inequitable access to care and respectfully responding to the diversity of Nova Scotians. We must thus integrate cultural competence considerations when designing and delivering health and health promotion services, working collaboratively with diverse populations.

But we must also strive for cultural competence by building inclusion and respect for diversity in the workplace. Diversity has been identified as one of five core values within *Values, Ethics and Conduct: A Code for Nova Scotia's Public Servants* (2009). This code supports creating work environments that are free of discrimination and where differences are valued and respected. Attention to diversity will enable our workplaces to be more representative of Nova Scotian society. It will also help us to ensure that the healthcare services promoted and delivered to Nova Scotians are themselves more culturally competent.

Considering diversity and inclusion in the workplace begins with you—understanding your own culture, your biases and beliefs, and continuing to learn about the culture of diverse Nova Scotians with whom you work. It means understanding and incorporating difference in your daily work. It means creating and fostering inclusive work environments for all staff during meetings and planning sessions. It means building relationships for appropriate and respectful community consultations and partnerships. It means paying explicit attention to culture, gender and diversity when planning, implementing and evaluating health and health promotion programs and services. Building a better tomorrow for all Nova Scotians means truly believing that “diversity fuels ideas and that ideas fuel progress.”<sup>2</sup>

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<sup>2</sup> Province of Nova Scotia (2009). *Values, Ethics and Conduct: A Code for Nova Scotia's Public Servants*.

## Building a Better Tomorrow Together Evaluation Questionnaire

**Module Title:** \_\_\_\_\_

**Training Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. This module addressed my learning needs in this area.	1	2	3	4	5
2. The information which was provided was applicable to my practice/work.	1	2	3	4	5
3. My participation in this module has enhanced my knowledge and skills in this area.	1	2	3	4	5
4. My participation in this module will influence my practice/work in the future.	1	2	3	4	5
5. The facilitator was knowledgeable of the subject matter being presented.	1	2	3	4	5
6. The facilitator presented the information in a clear and concise manner.	1	2	3	4	5
7. The facilitator was enthusiastic and responsive to participant's learning needs.	1	2	3	4	5
8. There was opportunity to interact with other participants.	1	2	3	4	5
9. There was opportunity to interact with the facilitator.	1	2	3	4	5
10. The facilities were comfortable and conducive for learning.	1	2	3	4	5
11. The module was well organized.	1	2	3	4	5
12. I would recommend this module to others.	1	2	3	4	5

13. What did you like about this module?

\_\_\_\_\_

14. What changes or improvements could be made?

\_\_\_\_\_

15. What aspects of your practice/work do you intend to change as a result of participating in this module?

\_\_\_\_\_



## Notes

## Notes