

PART I

The 7 Elements of a High-Performance Healthcare Team

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When Groups Become Teams

On rare, remarkable occasions, a bonded, effective team just happens. The right group of people with the right chemistry, skills, and attitudes come together, focused on the same goal, and make exceptional things happen quite naturally. Anyone who has ever been part of that sort of team experience remembers it nostalgically as a highlight of his or her career. A certain amount of euphoria is experienced. There is a team high. This type of team experience, however, like other highs and euphoric occurrences, can usually be sustained for a comparatively short period of time. Spontaneous teamwork is often dependent upon a tenuous mix of elements. As new elements are introduced into the group, or others removed, the cohesion dissipates, and members feel a sense of loss when things change. Group members ask, “What has happened to our team? Why can’t we be the way we used to be?” In most groups, the magical mix of elements is not automatically present, and members have to set about actively creating collaboration and teamwork.

Healthy team dynamics are essential to the kind of care that patients deserve and healthcare teams aim for. In the 1940s, Kurt Lewin, who is often cited as the founder of the scientific study of groups, coined the term *group dynamics* and described it as the way groups and individuals act and react to changing circumstances. Since then various definitions of the term have evolved, such as, “Team Dynamics: Often referred to colloquially as ‘team chemistry’; the patterns of interaction among team members that determine team spirit, harmony, cohesion, and morale” (*The Oxford Dictionary of Sports Science & Medicine*).¹ We define team dynamics as interactions that influence attitudes, behaviours, and ultimately performance. However,

more than dynamics determine a team's performance. The requirements we present in this section include those that affect team dynamics and subsequent and essential collaboration, but also include other factors within the team's control that affect the quality of performance and ultimately the total patient experience.

Frequently what one assumes to be a team is, in fact, not a team, but a group of individuals who happen to be taking up the same space but each going in his or her own direction and working relatively independently of one another with little collaboration. Here's an example: The mother of a young child being cared for by several specialists in the transplant unit was concerned about the extreme pain her child was experiencing. She was told by the pain specialist that the pain was a neurological issue. When asked, the neurologist said it wasn't a neurology issue and that the mother needed to speak with the pain specialist. The lack of collaboration between the specialists left the patient in distress and made the mother a helpless go-between, frustrated by the obvious lack of interprofessional teamwork and collaboration. In this situation the individual professionals may not consider themselves a team as they do not care for patients together on a regular basis; however, if they are to provide exceptional care they nonetheless must collaborate and operate as a team when they do.

WHEN A GROUP BECOMES A TEAM

The degree of "teamness" (as outlined in Figure 1.1) present in a group depends on the degree of commonality of the goal, degree of interdependence of team members, degree of norms and shared meanings, and the effectiveness with which members work together. Effective longer-term or ongoing teams have an advantage in that they have a greater opportunity to develop shared meaning and greater cohesiveness as members learn about and from one another over time.

Groups and interactions are disadvantaged when collaboration does not exist. The resulting outcomes fall below the capability of the members. When there is a lack of collaboration, each member's potential contribution is not realized, and the results can be best described as $2 + 2 = 3$ or less.

On the far right of the continuum, a highly effective team creates synergy. The best of each member is tapped, and experience, knowledge,

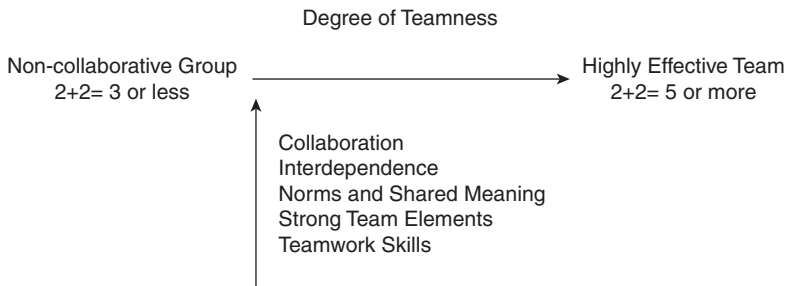


Figure 1.1: Degree of Teamness

learning, and perspectives interact to create much more than the sum of the parts. $2 + 2 = 5$ or more. In this case, each of the seven elements essential to high-performance patient-focused care is demonstrated.

Synergy allows the alliance to be more than the sum of its membership. It accounts for the blending, not just mixing, of the perspectives.

—A.W. Pike

THE ELEMENTS OF HIGH-PERFORMANCE, COLLABORATIVE TEAMWORK

The chapters that follow describe the seven elements vital to high-functioning patient-focused teams:

- Healthy climate
- Cohesiveness
- Open communication
- Change compatibility
- Team members' contribution
- Shared leadership
- Shared learning

Each element is described in Table 1.1. The elements are interdependent; the strength of one can influence the strength of another. For a

Table 1.1: The 7 Elements of a High-Performing Team

Healthy Climate	Healthy Climate refers to how members feel about the way the team functions, including their level of comfort with team norms of behaviour. If the climate is not positive, honesty and openness are lacking and team members may not fully trust and respect one another.
Cohesiveness	Cohesiveness refers to the degree to which the team pulls together in the same direction. Cohesiveness requires agreement and commitment to <i>what</i> the team is in place to achieve (mandate, goals, and objectives), as well as <i>how</i> it will achieve them (values, priorities, and procedures).
Open Communication	Poor communication within healthcare organizations is cited as a major contributing factor in patient-safety incidents. The degree of open communication is reflected by a team's ability to communicate clearly, accurately, and respectfully, with the freedom to express opinions and to ask questions.
Change Compatibility	The team that thrives today must be able to maintain high performance in an environment of accelerated and constant change. Change compatibility requires receptivity and adaptability to change.
Team Members' Contribution	Team members' contribution is determined by the degree to which team members individually contribute to the team's success by fulfilling their team responsibilities. Examples include keeping one another informed, sharing the load, and actively participating by looking for opportunities to improve the team's ability to provide quality patient care by sharing ideas and concerns.
Shared Leadership	Shared leadership requires that each team member is appropriately self directed, involved in the decision making process and is an equal member of the team in that their input is both valued and respected.
Shared Learning	Learning is at the heart of a culture focused on team performance and patient safety. This element measures the degree to which the team actively reflects on experiences, shares knowledge, and provides feedback in a blame-free, "what can we learn from this" manner, so that learning becomes part of the team's regular day-to-day practice.

team to develop effective communication, for example, it must be allowed to interact in a healthy climate where team members trust and respect one another. At the same time, if communication is open and effective, it is much easier to develop a healthy climate.

Since collaboration is a given in teamwork and requires trust, respect, clear roles, and effective communication, some of the elements vital to effective teams apply specifically to collaboration, and may be useful in developing more effective relationships outside of teams as well as within them. The healthy climate, open communication, and cohesiveness elements include the most important requirements for collaboration.

In the following chapters you will find detailed information about each element, as well as a checklist at the end of each chapter to help you assess the strength of each element in your teams.

In order for teams to fully tap their potential, they require a process that supports them in examining and developing each of the seven elements. This process is provided in Part II: Making It Happen. However, if an ongoing process is not immediately possible, you will find many tips and techniques throughout the book to help create incremental improvement in team performance. Furthermore, Part III: The Tools to Make It Happen provides team-development exercises that you can conduct easily during meetings or informal gatherings.

