Effective Teamworking in Healthcare

20 MINUTE HEALTHCARE MANAGER

Effective Teamworking in Healthcare

Develop your team
Improve teamworking
Collaborate effectively

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Preview

Imagine a beautiful house made of many fine, well-crafted bricks. Is it the bricks alone that determine the beauty of the house and its ability to stand the test of time? Absolutely not! Between each of those bricks there has to be mortar – the glue that fills and seals the gaps between them, binds them together and adds a decorative colour all of its own.

Skilled and dedicated human beings are the bricks out of which we build our healthcare teams and organisations. Most of these bricks are, I'm sure you'll agree, pretty amazing. The more complex healthcare becomes, the more specialised these bricks have to be. But therein lies our challenge because in healthcare we give so much attention to the bricks that we frequently ignore the need for good mortar. Despite

the wealth of research that demonstrates a consistent link between teamwork and patient outcomes, we neglect the mechanisms by which healthcare professionals coordinate and integrate their work.

Effective Teamworking in Healthcare will help you build better teams by running you through:

- The characteristics of healthcare teams.

- Why teams and teamworking matter in healthcare.

- The most common obstacles to effective teamworking in healthcare.

- How to measure the effectiveness of a healthcare team.

- How to develop healthcare teams and improve teamworking.

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Effective Teamworking in Healthcare

What Is a Healthcare Team?

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lmost every time a group of people come together in a healthcare organisation, and whatever their task or goal, we tend to call them a "team". But what makes them a team? Does the group have to be a certain size? Behave in a certain way? Do certain things?

Katzenbach and Smith (2005) described a team as: "a small number of people with complementary skills who are committed to a common purpose, performance goals and approach for which they hold each other mutually accountable." Another great definition comes from Michael West and Joanne Lyubovnikova (2013). "In a team" they say, "members hold clear shared objectives, working

closely and interdependently, and maintain reflexivity by systematically reviewing their effectiveness and adapting on a regular basis."

Both of these definitions show us that there's much more to being in a team that simply working in the same unit or department.

Team Characteristics

Just like human beings, healthcare teams come in all shapes and sizes, and have different personalities. But while you might describe a person by defining things like their height, their age, their build or their complexion, it is much more difficult to find the right words or phrases to describe teams. Nevertheless, if we think about it for a moment there are many ways in which healthcare teams differ. These differences can provide benefits, helping to align a team with the

task or goal it is trying to accomplish. But they can bring challenges as well.

Skill sets

How varied is your team's skill and knowledge? Are you "unidisciplinary", meaning you all possess more-or-less the same training and expertise (such as a team of nurses on an inpatient ward), or are you more "multidisciplinary" – hailing from many different specialisations and backgrounds? It has long been best practice in the treatment of diseases such as cancer for different kinds of doctors, nurses and other health professionals to work together and share their expertise. But for multi-disciplinary teams to be effective, there has to be mutual trust and respect for each other's contributions.

Leadership and authority

How hierarchical is your team? Is there a clear chain of command with someone senior giving orders? This is often the way in healthcare – there's a consultant physician in charge of a team of less experienced doctors, nurses and other health professionals. But teams can be democratic too, with everyone having equal standing and getting to have their say in decisions. More and more healthcare teams are discovering that flattening hierarchies can be very beneficial – making it easier for colleagues to communicate and to raise concerns about the quality or safety of care.

Stability

How long has your team been a team? Has it been established for a while? Do team members know each

other well? Or do you come together only briefly and occasionally – meaning that you barely know each other? The composition of a crash team resuscitating a road traffic accident victim in an emergency room may consist of whoever is currently on duty, whereas a team of General Practitioners working in a primary care clinic may have worked closely together for many years. Generally speaking, the better team members know each other, the easier it is for them to work together.

Purpose

Is your team's purpose fixed? Or do you have freedom to choose the issues that you work on? Receptionists working at the front desk of an outpatient department have a very narrowly defined purpose – to check-in patients, collect information from them, and direct them to the appropriate

waiting area. On the other hand, a group of quality specialists might have considerable autonomy when it comes to choosing the types of improvement projects they believe will benefit their healthcare organisation.

Physical location

Where do your team members work? Are you all based in the same hospital, clinic or office? In the same ward or clinical unit, even? Or perhaps you're all dispersed across different sites? Historically, healthcare teams have consisted of individuals working in close proximity to the patient and each other. Nowhere is this more true than in the operating room, a complex and sometimes claustrophobic environment where multiple surgeons might share responsibility for one patient. But many teams, particularly those involved in management

and administration, may be drawn from across multiple hospitals or clinics. Indeed, these days many people work remotely as 'virtual' teams and use technologies such as videoconferencing in order to meet and collaborate.

Inclusiveness

Can anyone join your team? Are you open to other staff joining you if they would benefit from doing so? Or is membership restricted to a specific group of named individuals? Many healthcare teams have to be tightly restricted to only those health professionals who are directly involved in the care of a patient. But there will be times – such as when there's an opportunity to learn something new – when it will be advantageous to allow as many people as is practical to participate in the team's activities.

Roles and responsibilities

Does your team have strict rules about who does what? Or are people required to be versatile and take on different tasks as and when needed? Many of the tasks undertaken by healthcare teams – such as administering anaesthesia and managing pain – are highly specialised. So for reasons of quality and patient safety it's important that only those with the right qualifications and experience perform a task. But there are also plenty of healthcare tasks that all members of the team can do. When a team has a heavy workload it may be necessary to 'balance' that workload by team members being flexible and taking over tasks from others who are becoming overloaded.

Tasks

How complicated is your team's work? Do you carry out relatively straight-forward tasks again and again? Or do you undertake more complex work that needs a lot of planning? Teams carrying out simple and intensive tasks may benefit from creating standardised procedures or protocols to minimise unwanted variation in the care a patient receives. But some tasks – such as developing a strategy for a new clinical service – are complex and time-consuming.

Size

How big is your team? The smallest team, a dyad, can have just two members. It can certainly be said that when a doctor and their patient sit down to discuss treatment options and make decisions together, they are working as a team. On the other hand, many

healthcare teams can be extremely large and have dozens of members. Size doesn't always equate with success, however. When teams become too big decision-making can slow down and communication can deteriorate.

Getting Your Team Right

There is no 'one size fits all' solution to creating a high-performing healthcare team. Instead, you need to reflect on what type of team might best suit the tasks you have to carry out or the goals you want to achieve. So when putting together a new team, or thinking about the effectiveness of your current team, ask yourself:

- Does my team possess all the skills, training and expertise we need to complete our tasks successfully?

- Does my team need a strict leadership hierarchy, or should everyone be able to participate in decision-making?

- For how long, or how frequently, will my team work together?

- Will my team have a fixed purpose or will we have the freedom to determine our own goals?

- Will we all be working together at the same location or dispersed across multiple locations? If the latter, how will we communicate and collaborate effectively?

- Will my team be open to new members or restricted to only those people whose participation is absolutely necessary?

- Who will do what? Will there be strict roles and job descriptions or will team members need to be flexible and versatile?

- What kind of tasks will we be carrying out?

- How big does the team need to be in order to complete those tasks properly?

Why Does Teamwork Matter in Healthcare?

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T eams and teamworking are such an ordinary and accepted part of the way we work in healthcare. So it seems strange to ask why teamwork matters because, well, surely it's obvious? We work in teams because… that's what we've always done!

The simple truth is that healthcare services have, for a long time, been too complex to be delivered by a single person. Modern healthcare services require the cooperation of multiple professionals drawn from numerous disciplines – including medicine, clinical sciences, and professions allied to healthcare such as

radiography, pharmacy and physiotherapy. Healthcare services also need specialised managers to organise and administer them. So hospitals and clinics today are complicated, multi-team systems with a high-degree of mutual dependence – or "interdependence" as we call it – not only between team members, but between different teams.

Patients Depend on Teamwork

Imagine the journey of a typical patient who needs a hip replacement due to osteoarthritis. Perhaps they've been managed in a primary care setting until now but they need to be referred to a specialist orthopaedic surgeon. The primary care practitioner will need to help the patient identify a suitable specialist and provide that specialist with clinical information about the patient. When the patient

meets the surgeon for the first time their visit to the outpatient clinic is likely to involve multiple tests, including a Magnetic Resonance Imaging (MRI) scan of their hip. Only when all the required diagnostic images have been completed can the surgeon begin planning the operation. The surgery itself will involve co-operation between members of the surgical team – including the anaesthetist and theatre nurses – the recovery team, the nursing team on the ward, plus the physiotherapists who will work with the patient to get them mobile again. Throughout this journey, timely and accurate information must be shared, risks and difficulties must be discussed, and decisions must be made. None of this can happen without effective working both *within* and *between* healthcare teams.

Horizontal Journey, Vertical Teams

The journey that patients make when they need medical care is often described as "a horizontal journey through a vertical organisation". What is meant by this expression is that most healthcare organisations are organised into separate autonomous departments, each of which carries out a specific specialised function. The patient passes through each department, one by one, receiving care from each until they are eventually treated or discharged. When difficulties arise, as they often do, it tends to be at the interfaces between these departments. This is where poor communication and collaboration becomes obvious. Treatment gets postponed because lab results cannot be found. Admission is delayed because the Emergency Room cannot locate a vacant inpatient bed. One healthcare

team frequently depends on other healthcare teams in order to do carry out their own responsibilities properly.

The Evidence on Teamworking

Teamwork matters in healthcare. Not only does our own lived experience of working in healthcare tell us this, but so too does the wealth of research that demonstrates a consistent link between teamwork and patient outcomes.

- Ten studies published between 2002 and 2012 demonstrated that team training interventions results in significant improvement in patient outcomes (Weaver *et al*, 2014).

- Meta-analyses published in 2008 and 2015 proposed that effective team processes have a medium-to-large impact on clinical performance (Salas *et al*, 2008; Schmultz and Manser, 2013).

- Analysis of malpractice claims suggest poor teamwork and communication as a root cause in 52% - 70% of adverse events (Rabol *et al*, 2011).

So whether we want to reduce medical errors, improve staff engagement, use limited resources more effectively or simply enhance patients' experiences of their care – developing teams and improving teamworking are absolutely essential.

What are the Obstacles to Effective Teamworking in Healthcare?

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F undamentally, everyone in a healthcare team wants the same thing – to deliver safe, effective, patient-centred care and do be able to do so in an environment characterised by mutual trust and respect.

But those who work in healthcare know that there can be considerable challenges involved in working successfully with fellow team members and with other teams. Some of these challenges are common in all industries and workplaces. However, many of

them relate to the particular types of relationships and structures that occur in healthcare .

Medical Hierarchies

Medicine has always been strongly hierarchical. Historically, teams delivering care in a hospital setting would be led by a senior physician supervising a team of more junior doctors. Younger doctors were expected to respect and defer to their more experienced peers. There are also deeply entrenched hierarchies between healthcare professions, with physicians enjoying superior status to nurses, midwives and allied health professionals.

While we are slowly starting to acknowledge the need for greater diversity in healthcare teams and the value of having input from multiple clinical specialties and professions, there is still a huge

amount of progress to be made. There is evidence that staff who work in teams with steep hierarchies are less satisfied, less motivated and more inclined to leave their roles. Most worryingly, they are less likely to share concerns about the quality or safety of patient care, for fear of being disrespectful. Flattening hierarchies does not mean losing respect for the experience or authority of senior physicians, but it does give team members the confidence to speak up and be heard.

Professional Silos

A "silo" is a tall tower or a pit on a farm used to store grain. The word is frequently used to describe a mentality found among some professionals and organisations where there is a reluctance to share information with others or to share the care of

patients. Of course, many of the concerns that prevent physicians from jointly caring for patients are perfectly legitimate. There might be discomfort about the medico-legal implications of team-based care, or a worry that the therapeutic relationship between physician and patient will be diluted or lost. Yet care cannot become more integrated and more patient-centred unless and until all the healthcare professions are able to see the value of each other's different but complementary contributions.

Instability

We have already described one type of healthcare team that is transitory in nature: the crash team in an Emergency Room. The make-up of the team will depend upon who is either on duty or on call at a particular time. These situations place a great deal of

emphasis on the training and experience of the team – every member must understand their role and carry it out effectively. With no time to get to know how other team members prefer to work and communicate, members must be flexible and resilient and there must be robust processes in place to avoid miscommunication and misunderstanding.

Unstable, transitory teams can be frustrating places to work because of the difficulties in forming either the technical or social familiarity that are necessary to be effective.

Changing Roles

Whether it is radiographers reading plain film x-rays or nurse practitioners prescribing medicines, more and more healthcare tasks are being carried out by, or delegated to, non-physicians. In many cases this is a

welcome response to increasing pressure on medical resources. It means patients get more timely and responsive care and health professionals can expand the scope of their work in ways that provide them with greater satisfaction.

In some cases, entirely new roles are being created. The "physician associate", for example, is a rapidly growing healthcare role in both the UK and USA. These professionals work alongside doctors in hospitals and primary care clinics, supporting them in the diagnosis and management of patients. They are trained to perform a number of roles – including taking medical histories, performing examinations, analysing test results, and diagnosing illnesses. All of these activities take place under the direct supervision of a physician. But while physician associates have been proposed as a way of filling workforce gaps and freeing doctors time, there are

concerns about whether the length of their training is appropriate given the broad scope of their practice. There is also the worry that their work will encroach upon that of junior doctors, preventing the latter from getting the exposure and experience they need.

Changing Settings

A lot of care is now being delivered in entirely new settings. The drive to value-based care – which involves improving quality and outcomes for patients while reducing costs – means that many chronic conditions such as diabetes are now managed entirely within community and primary care settings. Likewise, many minor surgical procedures are now carried out as day-cases at ambulatory surgery centres. These innovations are clearly beneficial to both patients and healthcare systems, but they

require the development of new care processes and new types of healthcare team to deliver them.

How Do We Know Whether Our Healthcare Team Is Effective?

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H ow effective is your team? How do you and your team members measure your effectiveness? Do you have some specific goals that you're working towards? Do you have performance targets?

There are many ways of measuring team performance and in most modern healthcare institutions there will be specific quality and safety outcomes we will always be striving to achieve – such as zero harm to patients. But while performance outcomes are the most obvious and way in which we can demonstrate team success, there are many pre-

conditions that have to be established within a team if high-performance is to be achieved and sustained. These pre-conditions are best illustrated using an evidence-based model known as the "IMO Framework".

The IMO Framework

Based on years of empirical research, the Input-Mediator-Output (or "IMO") Framework brings together everything that healthcare management experts know about the science of teamworking. The "Inputs" are all the factors that relate to the context in which the team works and which influence its outputs. They include the team's composition, the tasks they are carrying out, and the support that's available to them. The "Mediators", on the other hand, are the processes that should take place within

an effective team: including the actions the team takes, the way interpersonal relationships are conducted, and the setting of goals and objectives. It is through these inputs and mediators that the team's outputs are delivered.

Inputs	Mediators	Outputs
• **Team Composition** knowledge, skills, abilities, and attitudes of team members	• **Action Processes** communication, leadership, performance monitoring, back-up behaviour, adaptation and learning	• **Clinical Effectiveness** improved health outcomes
• **Task Characteristics** interdependence, standardisation, technology	• **Team Objectives** shared goals, clear objectives, good planning	• **Safety** reduced medical errors
• **Organisational Support** resources, culture, recognition and reward	• **Interpersonal Processes** managing conflict, building mutual trust, shared mental models	• **Patient Satisfaction** enhanced experience
		• **Efficiency** increased volume, reduced costs
		• **Staff Satisfaction** improved motivation and engagement

The outputs are the team's goals or performance targets, which for a healthcare team can cover a broad

spectrum of outcomes relating to clinical effectiveness, safety, patient satisfaction, efficiency, and staff satisfaction. If these outputs are not as expected then it is likely that there are problems with one or more of the team's inputs and/or mediating processes.

Inputs

Effective teams require three vital inputs to succeed. The team's composition must be aligned with the goals they aim to achieve and the tasks they must carry out to do so. These tasks themselves must have appropriate characteristics, plus there should be an appropriate level of organisational support.

Team Composition

There are four success factors that relate to a team's composition.

Knowledge, skills, and abilities. Between them, team members must possess all the training and expertise needed to complete their tasks successfully. So team leaders must be adept at spotting competence gaps and able to either find or provide the learning opportunities necessary to keep a healthcare team's capabilities up-to-date.

Size. A team's size must be appropriate to its workload, yet this is a factor that many healthcare teams struggle with on a daily basis. When a team lacks the capacity necessary to meet demand, the quality and safety of the care they deliver can be seriously compromised. Moreover, team members

become stressed and exhausted. Many may choose to leave the healthcare profession altogether. So it is in everyone's interests – both patients and staff – that teams contain sufficient members to not only cope with their work, but to do it well.

Roles and Responsibilities. Within a team, each member must clearly understand their role and responsibilities, as well as how their work aligns with that of other members and other teams. Without such clarity there can be confusion over who does what, with some activities being duplicated while others are entirely neglected. Conflict and frustration may result. Team leaders should ensure that each member knows what their personal role in the team is and where the boundaries of this role lay.

Attitudes and Behaviours. Skill and knowledge aren't the only things that individual members can bring to successful healthcare teams. They should also bring a positive mindset and a readiness to put the team's needs ahead of their own. Team leaders should be role models for the kinds of behaviours they expect from others, with zero tolerance for rudeness, harassment or bullying. The latter is unfortunately commonplace in too many healthcare systems. Nearly a quarter of staff in the English National Health Service report being bullied at some point during their professional life (BMA, 2017). Not only does this create a stressful culture, it also prevents staff from speaking up and voicing their concerns.

Task Characteristics

The second type of inputs that affect team performance are the characteristics of the team task itself.

Interdependence. All teams require a task or a goal for which a team is necessary in the first place. Assigning a team to undertake a task that is simple and straight-forward enough to be done by just one person is inefficient and will considerably reduce a healthcare organisation's productivity. Any task or goal to which a team is assigned must therefore require more than one person to carry it out and entail a sufficient degree of interaction and cooperation.

Standardisation. Healthcare involves numerous tasks that are safety critical or where the achievement of

consistently good outcomes requires unwarranted variation to be minimised. For this reason, healthcare teams need to adopt and use evidence-based approaches – such as clinical practice guidelines, care pathways, care delivery protocols, and Standardised Clinical Assessment and Management Plans ("SCAMPs") – whenever possible.

Technology. Today's most successful hospitals are those that optimise, redesign or build completely new clinical processes and management systems that are enabled by digital healthcare technologies and innovations. So effective healthcare teams need to be ready to adopt technologies that will make care safer, more efficient, more personalised and more precise.

Organisational Support

The third class of inputs that are critical to effective teamworking are those that relate to the support that a healthcare organisation provides to its teams.

Resources. No team can deliver meaningful results unless they are provided with adequate resources. In healthcare this means having sufficient staff, facilities, equipment and funding.

Culture. Teams cannot thrive unless they are working in an environment in which effective teamworking is encouraged and in which team accomplishments are recognised and rewarded.

Mediators

Decades ago there was a pop song in the music charts with the catchy lyric: "it ain't what you do but the way that you do it". That song could well have been written about team effectiveness and, in particular, about the role of "Mediators" – the interactions and processes that take place within teams and between team members. These can be divided into three broad areas.

Action Processes

There are five critical actions that must take place within an effective healthcare team.

Communication. Good communication is the accurate and unbroken transmission of information that results in understanding. In the preface to this

book we described teamwork as the glue that binds health professionals together. We could just as easily have used this metaphor to describe how fundamental inter-professional communication is in healthcare today. We know that when communication fails patient care is compromised, staff become stressed and medical errors increase. So effective healthcare teams need to be continually learning, practicing and developing strategies to improve communication.

Leadership. Team leadership is not only about being accountable for a team's outputs. It is also about creating the structures, processes and procedures necessary to facilitate the team's work, directing and coordinating the activities of team members, and building the personal relationships through which to inspire and motivate them.

Performance Monitoring. High-performing teams know whether or not they are achieving the goals and standards they, or others, have determined. So the regular observation and measurement of performance, sharing of results and review of progress are vital activities. This shouldn't only occur in a formal way, but through the informal monitoring of team member's actions – identifying mistakes and providing the timely and supportive feedback that enables self-correction.

Back-Up Behaviour. You may have heard the expression that someone who looks out for you "has your back". Well, good team members have each other's backs. By understanding each other's roles and responsibilities they're able to anticipate each other's needs. A great example of this behaviour in action is when an individual or team completes a task

for another individual or team that is overloaded. For example, a team of midwives in one obstetric unit sends one of its members to work as part of another unit's team to achieve balance during periods of high workload or pressure. Other forms of back-up behaviour include providing supportive coaching and feedback to help a colleague tackle a difficult task. However, none of these behaviours can take place unless team members are prepared to put the team's needs ahead of their own.

Adaptation and Learning. There is a saying beloved of amateur sailors: "You can't change the direction of the wind, but you *can* adjust your sails to always reach your destination". In other words, you cannot always change your organisation's circumstances or the pressures your team is under, but you can be continuously adjusting and readjusting your team's

course of action. The information gleened from both performance monitoring and back-up behaviour will help team members to recognise the changes that are occurring. The high-performing team's members will be flexible and adaptable enough to change their plans, when necessary, or to reassign roles in response to the changing situation. This action is vital if health professionals are to avoid becoming so locked into their habits that they make mistakes or miss opportunities for innovation or improvement.

Team Objectives

Three features describe the way in which a team's objectives mediate its performance.

Shared Goals. In high-performing teams, every member is mobilised to achieve it's objectives. For

this reason, everyone on a team must buy in to a shared vision and set of objectives. Not only does this foster the motivation and engagement required to succeed under pressure, it also reduces the risk of team members working independently in ways that are neither aligned with nor supportive of the outputs the team needs to deliver.

Clear Objectives. Most healthcare teams have a reasonably good idea of the ambitions of the unit they work in. But it will almost certainly have to be described in greater detail if team members are to understand precisely what success looks like, how it will be achieved, and what their role will be. A high-performing healthcare team is one that has ambitious goals for improving quality, safety, and patient experience. Progress towards these goals will be a core activity at every team meeting. Setting and

describing goals is easy when you make them "SMART":

- **Specific** – What exactly does the team wish to accomplish?

- **Measurable** – How will we measure progress?

- **Achievable** – Are our aims realistic and attainable on time, given the resources we have?

- **Relevant** – Do our goals matter? Are they aligned with the priorities of our department or organisation?

- **Time-bound** – What's out deadline for achieving our goals?

Joint Approach. Having shared goals and clear objectives will not deliver success unless there is also

a workable plan of action that clarifies the role and responsibilities of each team member and specifies the activities each must undertake.

Interpersonal Processes

The third class of mediating processes describe the ways in which the members of high-performing healthcare teams should relate to one another.

Managing Conflict. Disagreements and misunderstandings are an ordinary part of all relationships. But what makes some relationships successful and others less so is the way in which these issues reach resolution. When conflict arises, effective teams act quickly to resolve it in an amicable and professional way.

Mutual Trust. Depending on others involves a degree of risk. When team members don't trust or respect each other they try to mitigate this risk by either inspecting and double-checking each other's work, or withholding information. Moreover, team members will avoid providing their input or point of view if they fear their contribution will be derided or ignored. So a culture of mutual trust has a significant influence on team success and teams need to consider how this trust can be built.

Shared Mental Models. Mental models are the way we see the world – the way we understand our organisation and the performance that is expected of us. Team members cannot collaborate successfully if each of them has a different mental model – that is, a different understanding of the tasks that have to be carried out, the outputs that must be delivered, or

what is (and is not) acceptable behaviour. High-performing teams share a basic, common mental model that enables them to communicate more effectively, work towards the same goals and anticipate each other's needs.

This is not to say, however, that some differences and variations in people's perspectives are unhelpful. Quite the opposite: some teams members need to see things differently to others if there are to be useful suggestions. All that is required is that team members have sufficiently similar and compatible mental models that they can work together effectively.

Self-Assessment Questionnaire

Do you lead or belong to a high-performing healthcare team? The self-assessment questionnaire on the following pages has been designed as a

diagnostic tool to help you to apply the IMO Framework to your own team. The results will give you an indication of your team's current performance and an opportunity to highlight it's strengths as well as to identify areas you could develop and improve together.

There is one statement for each success factor for which you can give your team a score from 1 to 5 according to how strongly you agree with the statement:

5 = Strongly agree

4 = Agree

3 = Neither agree nor disagree

2 = Disagree

1 = Strongly disagree

At the end of the questionnaire you can add all your scores up to get your total. The maximum possible score is 100. However, the total score is far less useful than looking carefully at how your team has scored for each of the individual success factors: both the inputs (team composition, task characteristics and organisational support) and the mediators (action processes, team objectives and interpersonal processes).

Inputs					
	1	**2**	**3**	**4**	**5**
Team Composition					
My team members possess all the skills, training and expertise we need to complete our tasks successfully.					
The size of my team is appropriate to the tasks we have to perform and the workload we undertake.					
Each team member clearly understands their role and responsibilities, as well those of the other members.					
The attitudes and behaviours of my team members are always supportive and professional.					
Task Characteristics					
The tasks my team carry out are too complex or extensive for one person					

to do on their own.					
My team always adopts and uses best practices or standardised procedures whenever they're required.					
My team always uses the most appropriate and up-to-date technologies whenever they would be beneficial.					
Organisational Support					
My organisation provides my team with all the resources (facilities, people, budget) we require.					
The culture and climate of my organisation makes it easy and rewarding to work as part of a team.					

Mediators					
	1	**2**	**3**	**4**	**5**
Action Processes					
My team members communicate effectively and never withhold information from each other.					
My team has an effective leadership structure that coordinates and monitors each member's activities.					
My team's performance is continuously monitored and the results are shared and regularly reviewed.					
My team's leaders anticipate its members needs and make sure they get the help and support they require.					
My team meets often to review our performance and make any changes that are necessary to improve it.					

Team Objectives					
Every member of my team agrees with and is committed too our team's goals.					
My team's objectives and performance targets are clearly defined and we all understand them.					
My team has a workable plan of action for how we will achieve our objectives and performance targets.					
Interpersonal Processes					
When conflict arises my team acts quickly to resolve it in an amicable and professional way.					
My team members respect and trust each other and make it very easy to raise concerns without fear.					
My team members all share a common understanding of the situation we are working in.					

My Team's Overall Score	
(Add all the individual scores. Maximum = 100)	

How Can We Improve Teamworking in Our Healthcare Organisation?

How Can We Improve Teamworking In Our Healthcare Organisation?

Where should we begin our efforts to improve teamworking? The self-assessment questionnaire in the previous chapter will hopefully have given you some ideas. Perhaps there are skills gaps in your team that could be filled by recruiting or co-opting new members? Or do you feel that there's a need to build better relationships so that members will feel more comfortable raising concerns and contributing their ideas?

Task Reflexivity v Social Reflexivity

In completing the questionnaire you may have noticed that some of the success factors relate to quite technical aspects of teamworking – for instance, the size and structure of the team and the existence of SMART goals. The ability of a team to improve the technical aspects of its performance is known as "task reflexivity". On the other hand, some of the success factors relate to the way team members relate to and support each other. The ability to improve the culture and relationships within and between teams is referred to as "social reflexivity". As the matrix on the following page shows, a team's performance will be determined by both its task reflexivity *and* its social reflexivity.

High (top of vertical axis)

Task Reflexivity (vertical axis label)

Low (bottom of vertical axis)

Social Reflexivity (horizontal axis label)

Low — **High** (horizontal axis)

Driven
- *effective in the short term*
- *poor team member well-being*
- *moderate innovation*
- *high inter-team conflict*

Resilient
- *high task effectiveness*
- *good team member well-being*
- *viable in the long-term*
- *high innovation*

Dysfunctional
- *poor task effectiveness*
- *poor team member well-being*
- *low innovation*
- *high levels of conflict*

Complacent
- *poor task effectiveness*
- *some team member well-being*
- *low innovation*
- *some inter-team cooperation*

High Task Reflexivity & High Social Reflexivity

The high-performing healthcare team combines high task reflexivity with high social reflexivity. The result is a resilient team with long-term viability. It achieves consistently good results, innovates and improves care, and also provides a supportive and positive

working environment. If your team scored highly for most of the twenty statements in the self-assessment questionnaire then it is likely you belong to a high-performing team.

High Task Reflexivity & Low Social Reflexivity

Teams that are highly reflexive with regards to tasks but which have low social reflexivity tend to be high-performing in the short-term, but struggle to maintain their performance because the culture of the team does not support the long-term well-being of team members. Indeed, the team might be delivering impressive performance outcomes but in an atmosphere of continual bickering and infighting. This type of team needs to become more socially reflexive by healing and improving relationships

between team members and building greater trust and respect.

Low Task Reflexivity & High Social Reflexivity

At the opposite extreme is the team whose members get along like a house on fire. They know and trust each other well and probably socialise frequently outside of their workplace. But an over-emphasis on social relationships has blunted their performance and lulled them into complacency. This team needs to focus on building its task reflexivity. It should clarify its goals and objectives, check whether more training and up-skilling is required, restate each member's role and responsibilities, and assure there is leadership accountability.

Low Task Reflexivity & Low Social Reflexivity

This is a very dysfunctional type of healthcare team and one that urgently needs to develop and improve itself. There is neither a focus on performance outcomes nor a supportive culture. A team in name only, it is characterised by stress, conflict and disillusionment.

Overcoming Barriers To Teamwork

Building better healthcare teams is, in part, about overcoming the educational, psychological and organisational factors that frustrate our efforts to collaborate with each other. How do we do this? Here are seven proven strategies.

Teaching Effective Communication Strategies. Teaching structured methods of communication, such as 'SBAR' handovers, can improve patient outcomes.

Train Teams Together. Teams that work together should train together, enabling them to better understand each other's roles and contributions.

Train Teams Using Simulation. Using simulation in a safe way to practice new techniques and rehearse frequently encountered situations improves collaboration and team effectiveness.

Define Inclusive Teams. Redefine your team. Rather than seeing yourselves as a collection of disciplines, create common and cohesive goals that all members share.

Create Democratic Teams. Each member of your team should feel valued: flattening the hierarchies both within and between the different professions in your team will encourage more open communication and more active participation.

Support teamwork with protocols and procedures. Use procedures that encourage information sharing among the whole team, such as checklists, briefings and IT solutions.

Develop a culture that supports healthcare teams. Senior leaders and departmental heads must recognise that inter-professional collaboration is essential if the organisation is to improve patient outcomes.

Improving Communication

Some of the biggest and seemingly intransient challenges that healthcare teams face is with effective communication. But the good news is that there are now a number of tried and tested strategies for improving communication within and between teams.

Step-Back

Stepping back from and taking an overview of the situation, the health professional who is leading the team calls the attention of the team and provides an update of the situation, proposes a plan, and invites suggestions.

Call-Out & Check-Back

Call-out and check-back is a three-step, closed loop communication method that involves the sender directing an instruction to the intended receiver. Using their name where possible, the receiver confirms what was communicated as a check on hearing and understanding the instruction. Seeking clarification if required, the sender verifies that the message has been received and correctly interpreted.

SBAR / ISBAR

SBAR – which has been expanded in some locations to ISBAR – stands for: "Identify" (yourself), "Situation", "Background", "Assessment" and "Recommendation". This is a widely used mnemonic that helps health professionals to structure the verbal

transmission of information, such as a handover or a patient referral.

Structured Handover

As an alternative to SBAR / ISBAR, healthcare teams can create their own simple templates for summarising important patient information at handover.

Teams Briefs, Debriefs and Huddles

Whereas briefs and debriefs take place at the beginning and end of shifts, huddles are a "time-out" that take place during a shift or clinical activity that enables the team to come together to discuss objectives, outcomes, roles, responsibilities and safety issues. Effective team huddles lead to better patient

safety outcomes. Debriefs are particularly helpful, when necessary, for reflecting on difficult situations.

Checklist and Read-Back Protocols

Checklists provide a memory prompt and decrease the risk of error. The best known is the WHO surgical safety checklist.

Graded Assertion

A graded assertion tool, such as "PACE", assists team members in gradually escalating their concern. Raising it first as a question or "Probe", then an "Alert", followed by a "Challenge" and, in extreme cases, declaring an "Emergency".

Schwarz Rounds

Schwarz Rounds provide a structure whereby staff can come together to discuss the emotional and social aspects of patient care. Attending Schwarz rounds helps staff feel less stressed and isolated. They also increase team member's insights into and appreciation of their colleague's roles and responsibilities, reducing inter-professional barriers between staff.

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Human beings are social animals. We are made to collaborate. Working in great teams can be a joyful, life-affirming experience while working in dysfunctional teams can be soul-destroying. But none of us are powerless to improve our team's

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performance. As this short guide has demonstrated, team science offers us deep insights into what makes a high-performing healthcare team and the strategies through which they can develop and improve.

No team is perfect. Maintaining both task and social reflectivity requires hard work. Occasionally there will be teams that we simply cannot change and which we may have to walk away from. But hopefully these occasions will be rare because your impact as a healthcare leader or manager depends on being ready and willing to be a team player.

Additional Resources

TeamSTEPPS

https://www.ahrq.gov/teamstepps/index.html

"Team Strategies and Tools to Enhance Performance and Patient Safety" is an evidence-based programme aimed at optimising performance among teams of healthcare professionals. TeamSTEPPS courses provide practical strategies for improving team structure, communication, team leadership, situational monitoring and mutual support.

Paired Learning

https://vimeo.com/118614529

Paired Learning is a programme developed at Imperial College Healthcare NHS Trust in London that enables doctors, mangers and other health

professionals to become "buddies" to learn from each other's experience and expertise, understand each other's roles, responsibilities and challenges, and jointly improve services for patients. The programme has developed toolkits that enable other healthcare organisations to develop their own paired learning initiatives.

Improving Teams In Healthcare

https://www.rcplondon.ac.uk/projects/improving-teams-healthcare

The Royal College of Physicians in London has produced a compendium of four reports aiming to promote high-function teamworking in the medical setting. The reports describe how to build effective teams, enhance team culture, improve team communication and develop team effectiveness.

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