Team Faculty Development on Collaborative Healthcare Teams: *Techniques from Shakespearean Tragedy to IPE Reality!*

Collaborating Across Borders VI
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Agenda

• **Getting to Know Each Other**
• Team Faculty Development Course Overview
• Authentic Team Example
• Team Debrief Enactment
• A Play Within a Play Principles and Practices
• How To Realize This Method
• Summary
Getting To Know Each Other!
Where do you live and work?

- United States of America
- South America
- Europe or Africa
- Asia or Australia or New Zealand
- Canada
What is your professional role?

- Health Professional
- Health Professional Educator / Teacher
- Education Leader and/or Researcher
- Faculty Developer
Workshop Learning Outcomes

1) Describe the value of utilizing a play within a play or lived experience approach to collaborative team faculty development

2) Describe the methods and techniques that enhance this approach

3) Discuss how you might advance these principles in your own contexts
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ehpic™ 2017

Educating Health Care Professionals for Interprofessional Care
Overview of Course

• Module 1 – Professional and Collaborator Roles
• **Module 2 - Collaborative Teams**
• Module 3 – Facilitation Skills
• Module 4
  a) Attention to Process...Leading Change
  b) Assessment and Evaluation
• **Module 5 - Putting It Together**
Process

- Intensive
- Experiential
- Play Within a Play – Parallel
- Explicit
- Narrative
Module 2: Collaborative Teams

Facilitators:
Denyse Richardson
Susan Wagner
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Team Debrief Enactment

• In your small groups, enact a team debrief session following the events in this DVD
Large Group Debrief

• What did you notice about your team when you engaged in debriefing the situation?
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Shakespearean Tragedy
Definition of a Play Within A Play

• A play that is being performed inside of another play.

• The characters of the main play watch another play being performed.
A Play Within a Play Principles and Practices

• Participants engaged in a faculty development course
  – Attending to content
  – *Attending to process*

• Also need to engage in a *metaeducational process*
  – As educator one is learning in an immersive environment in order to learn
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Technique Application to IPE Reality

• Small Group
Opportunities

• Narratives
• Experiential learning
• Opportunity knocks
• Teaching moments made explicit
• Guided reflection and debrief
• Experience in the room
• Model best practice faculty development
Application to Own Setting

• What is one thing you will take from this workshop that has application for you in your context?
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Benefits

• Lived experience deepens learning
• Ahas!
• Sustainability of learning
• Experience in the room
• Opportunities for contextual application
• Fun!!!
Challenges

- Time
- Density of content
- Organizing groups
- Planning – Designing - Revising
- Maximizing teachable moments
- Power and Hierarchy
- Intensity
References


Reflect and Share Your Team Experiences

- Good team – full access

Vs

Challenging Team – shut down/apprehensive re: participation or effectiveness
Module 2 - Objectives

Participants should be able to:

1. Describe principles that guide effective collaborative teams.

2. Identify challenges and benefits of working in an interprofessional collaborative team.

3. Integrate an understanding of the importance of reflection on and attention to group process for effective collaborative practice.
What is a TEAM?

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

Katzenbach and Smith, 2003
Who’s on the TEAM?

Figure 1.2 Interprofessional Care Defined

- Health caregivers
- Indirect contributing Roles
- Non regulated caregivers

Interprofessional Care: A Blueprint for Action in Ontario, 2007
What is Collaboration?

**COLLABORATION:**
Two or more people working together towards shared goals

This simple definition includes three parts:
1. Two or more people (team)
2. Working together (processes)
3. Towards shared goals (purpose)
What is Collaboration?

Collaboration is an ‘exchange’

– not an altruistic act
– Requires 'pay-off' for all individuals/parties
– Need to make exchange explicit
– a deeply human activity
What is Interprofessional Collaboration?

•...the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/families and communities to enable optimal health outcomes.

Canadian Interprofessional Health Collaborative, 2010
Elements of Collaboration

- Accountability
- Assertiveness *
- Autonomy *
- Clarity of Culture
- Cooperation *

- Coordination *
- Communication *
- Responsibility *
- Transparency
- Trust and Respect*
• To work jointly towards the same end
• To work in conjunction with another or others
• To bring the different elements of (a complex activity or organization) into a harmonious or efficient relationship

Oxford English Dictionary, 2013
Etymology

**cooperate** - from Latin cooperatus, "to work together with"

**coordinate** - from Latin coordinare "to work together in order" "to arrange in proper position"

**collaborate** - its original, Latin *collabōrāre* (< *col-* together + *labōrāre* to work, labour)
Why Collaboration?

$1 + 1 > 2$

MORE than the sum of its parts

“SYNERGY”
Cynevin Framework
Collaborative Teams

1. People
2. Process
3. Context
Collaborative Teams

1. People
Values and Beliefs

- Foundational to IP collaborative team functioning
  - Reflect on own values, personal and professional, and respect those of others
  - Clarify, advance and develop values
    - E.g., relational-centred, diversity-sensitive, accountability, respect, confidentiality, trust, integrity, honest, ethical behaviour, equity
Value Diversity

"We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their color."

- Maya Angelou
There is no “i” in team
There are many “I”s in TEAM

– Each member’s behaviour affects the team function
– Each member has a role in attending to the team function (process)
– Each member has the opportunity to build respectful relationships with others

• Responsibility – Ability to Respond
Collaborative leadership embraces a process in which people with different views and perspectives come together, set aside narrow self-interests, and discuss issues openly and supportively in an attempt to find ways of helping each other solve a larger problem or achieve broader goals.
Leadership and Cohesiveness

- Lead in ways that promote cohesion
  - Verbal and non-verbal
  - Authentic valuing and respect
  - Framing decisions
  - Address social and emotional aspects
  - Coach role

- Consider the effects of the organization and team culture, especially in times of change
2. Process

- Influence on performance
- Practice model
- Interpersonal processes
- Leadership
- Conflict
- Team skills
Teamwork (Groupwork)

• High performance requires BALANCE

**TASK**

What is done and the problems associated with completion

**PROCESS**

How the team functions - what happens between the members, the way decisions are made

**PROCESS affects OUTCOME**

and the Why?
Relational-Centred Practice

“An approach that recognizes the importance and uniqueness of each health care participant’s relationship with every other, and considers these relationships to be central in supporting high-quality care, high-quality work environment, and superior organizational performance.”

Safran et al, 2006
Four Dimensions of Relational-Centred Care

- Patient/Client – Practitioner
- Community – Practitioner
- Practitioner – Practitioner
- Clinician Relationship to Self

Relationship – Centered Practice

- Patient-Centered Practice
- Reflective Practice
- Community-Based Practice
- Inter and Intraprofessional Practice


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Interpersonal Circle

DOMINEERING

HOSTILE

FRIENDLY

SUBMISSIVE

CONTROL

AFFILIATION
Ladder of Inference

- Real data and experience
- Selected Data & Experience
- Affix Meanings
- develop Assumptions
- develop Beliefs
- Actions
Team Challenge Video

• Imagine you are on this team...

• What does your team need to do to address these challenges/conflicts?

You Tube Video:  *Just a routine operation*
Collaborative Teams

3. Context
Culture of Collaboration

- Personal Culture
- Professional Culture – socialization
- Team Culture
- Organizational Culture
Culture eats strategy for lunch!
LEAVE YOUR EGO AT THE DOOR
When is a TEAM needed?

When one professional is not enough – increasing complexity
When is a TEAM needed?

Dependant on the task
What is COLLABORATIVE Practice?

• “an interprofessional process of 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”

Way & Jones, 2000
Why Collaboration?

Evidence supports:

• Improved patient/client outcomes
• Increased patient/client safety
• Improved patient/client satisfaction
• Enhanced system efficiency
• Improved attitudes between and among professions
• Increased professional satisfaction
• To work jointly towards the same end
• To work in conjunction with another or others, to co-operate
• To bring the different elements of (a complex activity or organization) into a harmonious or efficient relationship

Oxford English Dictionary, © 2013
Team Performance Curve

- **Real team**
- **Meet definition**
  - Equally committed to a common purpose, goal, and working approach for which they hold themselves mutually accountable

Katzenbach & Smith, Part 2
Team Performance Curve

• High-performance team
• Meets all conditions of a real team AND
• Has members who are deeply committed to one another’s personal growth and success
• Significantly outperform all other teams

Katzenbach & Smith, Part 2
Ladder of Inference

- Real data and experience
- Selected Data & Experience
- Affix Meanings
- develop Assumptions
- develop Beliefs
- Actions

I won’t share my info with her
She thinks I am incompetent
She is bored...doesn’t value what I am saying
She wants me to finish up
yawning
videotape recorder

Argyris, C. (1990), *Overcoming Organizational Defenses*, Allyn and Bacon, Boston, MA.
Goal: Interprofessional Collaboration

A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

Role Clarification

Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and meet patient/client/family and community goals.

Interprofessional Conflict Resolution

Learners/practitioners actively engage self and others, including the patient/client/family, in dealing effectively with interprofessional conflict.

Team Functioning

Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.

Collaborative Leadership

Learners and practitioners work together with all participants, including patients/clients/families, to formulate, implement and evaluate care/services to enhance health outcomes.

Canadian Interprofessional Health Collaborative
The National Interprofessional Competency Framework
US - IPE Competency Domains

- Values/ethics for IP Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and teamwork

American Interprofessional Education Collaborative Expert Panel, 2011
Cohesiveness

• Results from factors that attract individuals to a group and promote identification as members

• Both bond and task effectiveness aspects
  - Similarities among members
  - Incentives and rewards for belonging
  - Expectations of benefit from belonging
  - Congruence of individual and group goals *
  - Participating in decision making *
  - Role differentiation and status consensus about key group leaders

Cartwright, 1968
*greatest effect
Team Cohesiveness and Function

• Adaptive, cohesive, with a functional balance of authority and accountability v.s. mistrustful, political, rivalrous and isolated (Orchard et al 2005)

• Collaboration and participation → “we” → congruence of values of work/Rx

• Interpersonal language employed often tells the story

• Team self-reflection – SLATE (2001) Scale for Leadership Assessment and Team Evaluation: covers domains of Team; Leadership; Participation; Treatment Plan; responsive to training interventions
Task Dominated

Too task oriented > Process overlooked

- ? closure too early
- ? Best decisions not made
- ? Support may not be in place to make decision made work

Team usually believes it is very efficient
Process Dominated

Too process oriented > loses sight of task

- Too much wheel spinning, too little closure
- Decisions are forced because something has to be done
- Best decisions not made

Team often frustrated with the wheel spinning
Task and Process

Task

- Clarity – shared purpose
- Clear roles and accountability
- Timing, acuity
- Type of Task
- Expertise and diversity

Process

- may be the best way to account for what is happening within the team at multiple levels

Task is to Process what Lyrics are to Melody
Process, Process, Process

• The here-and-now experience in the team
  – how the team is functioning,
  – the quality of relationships within the team and
  – the team and members’ apprehensions and aspirations
    \[\textit{(Brown, 2003)}\]

• Shaped by contributions from:
  – System-setting-team development-interactions-individuals
  – micro and macro/latent and overt
  – Limits in attribution of meaning>caution in assumptions
Collaborative Patient-Centred Practice

“designed to promote the active participation of each discipline in patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among caregivers, and optimizes staff participation in clinical decision making within and across disciplines fostering respect for disciplinary contributions of all professionals.”

- Health Canada, 2001
Relational-Centred Practice

• importance of the interaction among people as the foundation of any therapeutic or healing activity

• relationships are
  - critical to the care provided
    (regardless of discipline or subspecialty)
  - a source of satisfaction and positive outcomes for patients and practitioners.”

Pew-Fetzer Task Force, 2000
TRUST and RESPECT
TRUST and RESPECT

TRUST
Takes years to build,
seconds to break and
forever to repair.
Interpersonal Processes in Groups

- Predictable interpersonal processes
- Interpersonal pulls: engagement and authority
- Hazard of a negative interpersonal loop and role lock
- All interpersonal interaction is an amalgam of our needs for agency and affiliation
"Do what I say and you’ll be okay."

DOMINANT

HOSTILE-DOMINANT

"Your efforts are disappointing: I’ll have to do it myself."

HOSTILE

"You annoy me: stay away from me."

HOSTILE-SUBMISSIVE

"You’re famous: fix me (if you can)."

SUBMISSIVE

FRIENDLY-DOMINANT

"I’m clever and will dazzle you with my talents."

FRIENDLY

"I like you and want to help you."

FRIENDLY-SUBMISSIVE

"You’re wonderful: I trust you completely."

"I’ll do anything you say: just take care of me."

Octant Complementary “Pulls” of Kiesler’s Interpersonal Circle
Metacommunication

- Exchanging information ABOUT the communication itself
- Central to conflict resolution and management
- Process > content of communication
- Speaking authentically but constructively; non-blaming
- Affiliative Assertiveness
- Reflective > reactive
- Align intent and impact of communication
- Essential in interactive activities
Power and Hierarchy

Power imbalances on multiple levels
• Between healthcare professionals
  (secondary to socialization >leads to lack of sharing)
• Between healthcare professionals and patients
• Between the healthcare system and patients
• Within the healthcare system
Ladder of Inference

- Actions
- develop Beliefs
- develop Assumptions
- Affix Meanings
- Selected Data & Experience
- Real data and experience

How did we get to the assumptions from the data?

What is the observable data? What am I seeing? Missing? Do we all agree?
Stages of Group Development

Figure 2-1: The Five Stages of Team Development

Stage 1: FORMING
Team acquaints and establishes ground rules.

Stage 2: STORMING
Members resist control by group leaders and show hostility.

Stage 3: NORMING
Members work together developing close relationships and feelings of camaraderie.

Stage 4: PERFORMING
Team members work toward getting their job done.

Stage 5: ADJOURNING
Team may disband on achieving their goals or because members leave.
Stages of Group Development

- Forming
- Storming
- Norming
- Performing
- Adjourning
- Separating
- Supporting
- Coaching
- Directing

Facilitator’s role

Time

(Laiken, 1991)
Collaborative Leadership

• Role of leadership:
  – Synthesize/integrate aspirations of team, members and organization
  – Responsibility for and to the team > authority: not sole seat of wisdom
  – Wisdom of the crowd; importance of informal leaders (Pescosolido, 2001)
  – Foster champions of healthy process
  – Containing function> amplification
  – Convey value message and respect
  – Respect for tradition in the face of change
  – Modulate group tensions without interpretation that pathologizes
  – Team discussion: giving report; writing report or true collaborative discussion (Bokhour, 2006)
Leadership and Cohesiveness

- Emphasize and create congruence
  - Of individual and team goals
    - Clear and agreed upon Primary Task
  - Differences in team members’ opinions about patient goals must be addressed (sufficiently resolved) to move ahead with common course of action allowing progress
    - Consensus – groupthink versus critical thinking
Group Dynamics

• Overt and covert factors
• Content/task vs. process
• Verbal and non-verbal communication
• Group norms have large impact
• Alert to projective defenses
• What does the silent or antagonistic member carry
• Circular rather than linear causality impacts group functioning – interpersonal loops persist
Group Dynamics

- Group dynamics are over-determined:
  - Tasks, resources, roles
  - Composition and membership – culture, gender, ethnicity
  - Sub-grouping
  - Personal patterns; group development
  - Boundaries – who is in? how does one enter?
  - Conflict resolution strategies
  - Decision making processes
  - Psychological identification with patients – viz. SARS experience
Team Process Skills

- Observing and utilizing team [members'] behaviours
- Effective communication
- Dealing with conflict
- Reflection
- Feedback (metacommunication)
Reflection (on Action)

• Defined as an effective skill set to identify what is working and developing strategies to change what is not working
  – Self (with or without dialogue with another objective individual)
  – Self with the team (group)
  – Group process
Feedback

• Information that a system uses to make adjustments in reaching a goal

• Occurs when one is offered insight into what they actually did as well as the consequences of their action
CORBS

- Clear
- Observed (and Owned)
- Regular
- Balanced
- Specific

“He who can take advise is sometimes superior to he who can give it” Karl von Knebel
Impact of Culture

• Recognize the role of culture – of profession and of ethnoracial diversity on team functioning:
• Value diversity in the group
• Engage in personal cultural self-assessment: bias and limits of knowledge
• Institutionalize the cultural knowledge and awareness
• Manage dynamics of difference re communication; authority; gender expectations; problem solving
• Recognize necessary adaptations to diversity to create better fit re structure, policies and processes
• Stay humble in assumptions about the other (Cross et al 1989)
Group Psychology

• Overt task group versus covert psychological group function
• Principle of isomorphy: what happens at one level of the care system gets expressed at every level of that system
• Principle of congruence – we cannot treat patients well if we do not treat our colleagues well
Barriers To Collaboration

- Insufficient time for interaction/negotiation
- Size of the team
- Lack of teambuilding activities
- Role confusion or diffusion
- Conflict/uncertainty (team task/treatment philosophy/models of care)
- Consensus at the expense of critical thinking
- Vertical management (competition for authority and value)
- Leadership style (autocratic/inadequate)
Resistances

- Power/status/gender/cultural inequalities
- Culture eats strategy for lunch every day
- Rigidity/Suspicion/Mistrust/Rivalry/Envy/Passivity/Bullying – 7 deadly sins
- Teams are groups: subject to growth in development and to regression
- Value in recognizing and repairing obstructions to growth

2 forms of resistance:
  - Active (open refusal)
  - Passive (non attendance)
“Turf Issues”

• Demonstrates imbalances of our current system

• Relationship to professional isolation

• Eg. Point of access – Family doc/NPrac MD – often “final decision maker”
Critical Considerations for Collaboration

1. Clarity
2. Context
3. Composition

1. Cohesiveness
2. Communication
3. Conflict utility
4. Co-ordination
5. Cooperation
6. Commitment
7. Collegial Caring
8. Culture
Life of a Team is Circular

- Spiral
- Evolving over time
- Involves task to be done and experience that occurs
Take-Home Messages...

• Our relationship as collaborative team members will transmit the central values of health care
• Every team is a group: attend both to group task and to group process and development
• Interpersonal communication is key to effective team functioning and is expressed in both language and non-verbal behaviour
...Take-Home Messages

- Interprofessional conflict can produce positive results – divergence is opportunity
- You can learn to deal with conflict effectively
- Culture eats strategy for lunch every day
- It takes time and work to create a collaborative culture: its absence takes even more time
- Create space to reflect on you and your team’s functioning
Team Cohesiveness and Function

• Teams are fundamentally groups – hence value of knowledge of group psychology/dynamics

• Role of organizational justice – strongly correlated with wellbeing of team members.

  Organizational justice: Decision making - fairness and transparency and relational processes of respect, mutuality and decency
Icebreaker

• In pairs, share with your partner the biggest misconception about your profession
  – Interprofessional
  – Intraprofessional
  – Personal
Why?

• Interprofessional collaboration critical to academic institutions and workplaces to advance team-based learning and practice

• Skilled, knowledgable interprofessional educators required to prepare individuals and teams for collaborative practice

• Faculty development key to their success

• ehpic course created in 2005 to address this need
Course Outcomes

1. Recognize and teach the importance of professional role understanding as an essential component for collaborative practice;

2. Experience and teach ways of effective team communication and the role of reflection;

3. Practice skills in facilitating interprofessional teams;

4. Acknowledge professional attitudes and cultural values and their impact
5. Understand and develop a program to teach how collaborative practice is used to enhance patient-centered care;

6. Learn ways of evaluating the role of collaborator in educational contexts; and

7. Define the current challenges facing educational leaders in moving IPE experiences forward using an organizational framework.