

# Teaching About and Building Teams in an Online Environment: *Lessons Learned*

Bill Gordon, DMin

Catherine Gierman-Riblon, DSc RN

Department of Interprofessional Healthcare Studies



## **Declaration Related to Conflicts of Interest**

On behalf of myself and my colleague, I declare that neither of us, nor members of our immediate families, have financial interests or other relationship with any manufacturer/s of a commercial product/s or service/s which may be discussed at the conference.

## **Objectives:**

1. Summarize five engagement strategies used to foster participation in and learning about teams among students who are not co-located.
2. Identify assets and liabilities of those activities in terms of their placement in a class related to team-building in a distance learning environment.

# About Rosalind Franklin University of Medicine & Science

- Located 36 miles north of the City of Chicago, in North Chicago, IL
- Serves over 2000 students in five colleges and over 30 graduate health profession and science programs
- Both face-to-face and online learning
  - The course discussed is 100% online.

# About the Department of Interprofessional Healthcare Studies

## Programs:

- PhD in Interprofessional Healthcare Studies
- DSc in Interprofessional Healthcare Studies
- MS in Health Professions Education

# Why is course design important?

- Good course design ensures
  - Students can focus on learning
  - Assures varied and appropriate assessments
  - Includes instructional materials and assessment that support learning objectives
  - There is thoughtful development of interactions and engagement that mimic those in a face-to-face course
  - Technology is utilized appropriately

# Adult Learning Theories

- Previous focus on behavior - learning defined as “change in behavior”
- Contemporary focus “process” and “outcomes” that emphasizes
  - Cognitive = gaining knowledge of
  - Psychomotor = learning to how “to do” a skill
  - Affective = development of emotions and attitudes
- There are several learning theories that apply to the context of this course

# Behaviorism

- Learning is a change in behavior
  - If reinforced and rewarded, it will continue, if not it will disappear (Pavlov)
- Prevalent in adult (healthcare) education
  - identifying skills
  - teaching skills from basic to expert
  - requiring demonstration of competency

# Cognitivism

- “Information processing” - shifts focus to learner’s mental processes
- Use prior knowledge to process new information and give meaning to events

# Constructivism

- Learning is creating meaning from experiences
- Knowledge is “constructed” by learners as they attempt to make sense of their experiences
- Learning in context is emphasized
  - Dialogues with others
  - Important to build on what students already know before faculty provide their own ideas
  - Active learning

# Social Cognitive Theory

- Learning is social and context bound
- Learning occurs in a social environment
- By observing others, students learn knowledge, skills, attitudes, strategies and beliefs and the consequences of what they see others model

# The context: HIPS 711 “Building Effective Interprofessional Teams”

- Prior preparation in topic in other coursework
- Differing levels of student experience working on teams
- This course is offered to students engaged in doctoral level studies

# The class

- Ten week fully online class
- Asynchronous participation
- LMS is Brightspace/D2L
- Some students have participated in classes with others in this cohort, some have not

# Challenges to address

- Students are not co-located
  - Likely communication (written rather than spoken) has its limits
- Students' lives are asynchronous
  - Time differences impacted ability for dialogical exchanges

# Strengths

- Learning activities are structured based on principles of adult and active learning
- Academic content included principles and strategies that could be immediately employed in team interactions
- Readings and web searches invited alternative points of view within a team, encouraging discussion and debate
- Activities within the course help students learn to manage conflict within teams even though they are not face-to-face.

# Engagement activity: Learning about team structures

- Watch video on possibilities for team structures and their influence on outcomes
- As a dyad, list alternate possibilities for team structures, listing three strengths and liabilities of each
- Respond to at least two other dyadic postings, challenging their assumptions and supporting an alternative POV

One dyadic response is represented in this student generated table::

<p><b>Hierarchy:</b> A chain of connected individuals</p>	<ul style="list-style-type: none"> <li>• Efficient communication</li> <li>• Clear Decision Making</li> <li>• Very common and familiar</li> <li>• Useful in emergency situations</li> <li>• Useful in situations where information flow is only needed in one direction</li> </ul>	<ul style="list-style-type: none"> <li>• Can be unique in functionality even within an organization</li> <li>• Can suffer from poor leadership</li> <li>• Week accountability of individuals</li> <li>• Disengagement of fringe participants</li> <li>• Communication can be compromised through chain of communication             <ul style="list-style-type: none"> <li>○ Information flows upward slowly</li> <li>○ Information flowing downward can be fragmented</li> </ul> </li> </ul>
<p><b>Heterarchy:</b> A web of connected individuals</p>	<ul style="list-style-type: none"> <li>• Fluid organization which allows for changes</li> <li>• Transparency around information</li> <li>• Higher individual accountability</li> </ul>	<ul style="list-style-type: none"> <li>• Uncertainty of leadership</li> <li>• Lack of formal communication structure leads to loss of information among some members</li> <li>• Structure requires internal maintenance</li> </ul>
<p><b>Holocracy:</b> Informal regularly shifting collection of individuals</p>	<ul style="list-style-type: none"> <li>• Highly fluid allowing for rapid changes</li> <li>• High member engagement</li> <li>• High member connectivity</li> </ul>	<ul style="list-style-type: none"> <li>• Relatively untested</li> <li>• Social loafing, or low engagement members</li> <li>• Difficult to measure output and coordinate task completion</li> </ul>
<p><b>Matrix:</b> A team of individuals from different hierarchies with dual reporting relationships</p>	<ul style="list-style-type: none"> <li>• Balances conflicting interests</li> <li>• Well suited for addressing complex situations</li> <li>• Allows for faster responses by management</li> <li>• Empowers middle management</li> </ul>	<ul style="list-style-type: none"> <li>• Can tend toward anarchy</li> <li>• Power struggles play out in multiple venues</li> <li>• Excessive overhead</li> <li>• Excessive layers of control (organization structures within organization structures)</li> </ul>

# Engagement Activity: Creating Team Agreements

- Join others to form a team
- Collaboratively create agreements about how team members will work together
  - Communication, leadership
  - Responses to team assignments
  - Accountability policies
  - Conflict resolution

- Student A: “There are many benefits associated with working in a team, but there are also many challenges. I enjoy team structures when there is clear communication, enthusiasm, and creativity.”
- *Student C points out that the stakes may not be high enough to create agreements that are difficult for team members to meet:*
  - “The next stage in our progression would be the Counter dependency and Fight stage which Tuckman would describe as “Storming.” This stage is characterized by conflict, the struggle for role clarification and the desire to form an acceptable social structure. We feel that to get to this stage, **we would need to be challenged to the point of uncertainty and disagreement. We would likely need to be presented with a higher stakes task that could cause conflict.**”

# Engagement Activity: Assessing Team Development

- Collaboratively analyze the team's development utilizing the Bruce Tuckman model or an alternative they have chosen
- Teams posted summaries of findings for individuals to review and critique

# From the Discussion Board

- “I had never really considered the difference between a group and a team. I had been using the two terms interchangeably. However, now I realize that there is a distinct difference...”  
Student B
- “Your point raises a good question, “Do teams always need to be working in the same time and space to be effective?” In a way, all of us in the class are a team attempting to create an optimal discussion/learning environment and yet we are not working in the same time and space. Can an effective team be virtual?” -- Student D

# Engagement Activity: Compare Competencies

- Compare and contrast the TeamSTEPPS key principles and the IPEC Competency Domains
- Within teams, learners created a table of identified issues, using robust examples to justify their answers

# TeamSTEPPS

- A framework for collaborative teams (AHRQ.gov)
  - Leadership
  - Communication
  - Situation Monitoring
  - Mutual Support

## The IPEC Competency Domains are

- Working with individuals of other professions to maintain a climate of mutual respect and shared values
- Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health professions
- Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health the prevention and treatment of disease.
- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

TeamSTEPPS Principles	IPEC Competency Domains (Sub-competencies which apply to each TeamSTEPPS principle)			
	Values/Ethics	Roles/Responsibilities	Interprofessional Communication	Teams/Teamwork
Team Structure	The TeamSTEPPS multi-team system for patient care strongly aligns with the values/ethics competencies by embracing and valuing patients and their families as vital members of the team. This includes proactively enlisting the patient's participation and respecting them by listening to them, speaking in terms they understand, and keeping them involved.	TeamSTEPPS team structures consist of the core team, contingency teams, coordinating teams, clinical team, ancillary support and administration. The roles and responsibilities of the various team structures are necessary in appropriately assessing the healthcare needs of patients and their families. All team members regardless of their team structure have clearly defined roles and responsibilities. These responsibilities as outlined by	It is essential that teams communicate with one another. TeamSTEPPS provides the basis for this communication between teams and team members to occur. TeamSTEPPS articulates how the various defined team structures interact with one another respectfully and in clear terms to provide better patient health outcomes. This communication also occurs between team members, and also involves the patient and their families.	The team structure model of TeamSTEPPS aligns perfectly with the IPEC competency of teams and teamwork. Teamwork does not exist without a defined team such as the team structures defined by TeamSTEPPS. Those team structures indicate the need for a team leader which correlates with applying leadership practices to support collaborative practice and team effectiveness as defined by IPEC sub-competency TTS. Both TeamSTEPPS and IPEC also indicate the importance of

“This was a great project. It really made me understand the IPEC core competencies.”  
 -- Student F

# Engagement Activity: Define team

- Brainstorm a list of potential team members in response to a case study related to a patient who has presented at a community clinic
- This activity was designed to help students recognize the expertise and skills that various professionals would bring to the team for the health of the patient

# Interprofessional team composition

---

The team our group created consists of the following 7 professionals:

- Physician
- Physician Assistant 
- Nurse
- Dietician
- Social Worker
- Medical Technologist
- Pharmacist

One team constructed this diverse, interprofessional team to respond to the needs of the patient in the case study. It included professions outside of their normal frame of reference for healthcare.

*Another team's solution included a translator, a pulmonologist, an allergist, a social worker, and a nutritionist.*

# Engagement Activity: Hold Team Members Accountable

- Peer evaluation process of other team members (accountability) with limited available points distribution to require some scores to be lower than others (gold star)
  - Challenging to students without experience
  - Concerns about “hurting feelings” and transparency

# Learner Comments: Reluctance

“The challenges in peer evaluations when they reach across professions, roles and responsibilities is that you may not know everything they know. There may be procedures, policies or specialized knowledge that dictates why someone does something. Unless, you are trained as the peer you are evaluating you may easily interpret something as being incorrect when in fact it is right.”  
-- Student C

“I also agree that peer review should be transparent, but I am sure many if not most individuals “hold back” due to being identified through commentary.” –Student E

“Evaluating the work of a peer can be challenging for many reasons. It may be hard to give an honest evaluation of peer work if I am friends with the individual and if I do not want to overly criticize their work.” -- Student F

# Conclusion

- Attempting to build teams with a non-co-located and asynchronous groups of learners seems counterintuitive, but....
  - Tasking teams to utilize learning content as part of their own team formation, however, creates both learning and experiential opportunities
  - Having team members hold one another accountable through both reflective and challenging discussion board postings increases engagement

# Thank you!

William Gordon, DMin

[William.Gordon@rosalindfranklin.edu](mailto:William.Gordon@rosalindfranklin.edu)

Catherine Gierman-Riblon, DSc, RN

[Catherine.Riblon@rosalindfranklin.edu](mailto:Catherine.Riblon@rosalindfranklin.edu)

# Questions or Discussion?