
Sea Pines Family Medicine Update

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Goals of the Presentation

Participants will be able to:

• Describe three key characteristics of high-functioning teams

• Discuss elements of a five-part model for team dysfunction

• Utilize key strategies for addressing dysfunction in teams within their own team settings
Overview

• What is a team?
• High-functioning teams in health care
• The Five Dysfunctions of a Team
• Case Discussion
• Questions
Why the Push to Work in Teams?

• A clinician without a team, caring for a panel of 2500 patients, would spend 17.4 hours per day providing all recommended acute, chronic and preventive care.¹

• Panel sizes are increasing

• Value-based care will drive practices to care for those beyond our walls, even those who never come to see us but are part of our “panel.”

What is a Team?

• Not a single phenomenon

• Typically embedded in a larger social system

• 2 or more people who
  – Differentiate their roles
  – Share common goals
  – Interact with each other
  – Perform tasks affecting others

NC Primary Care Teams Study

• 44 health care providers in 6 practices
• Focus group interviews and formal qualitative analysis
• Team designs reported
  – Provider-nurse dyads
  – Provider-nurse dyads with extensive support team (call center, social workers, others)
  – Large multiprofessional teams
  – No formal teams – everyone works together
• There are facilitating factors that can support teams but...
• Facilitating factors are insufficient to overcome barriers to team function
• Policy makers should avoid one-size-fits-all approaches to teams and allow practices to adapt to their specific circumstances

Common Types of Teams

- **Work teams** – continuously function units responsible for producing goods or services; membership is stable over time
- **Parallel teams** – gather people from different work units to perform functions the organization is not equipped to perform well. Usually deployed for problem solving or process improvement; usually only make recommendations
- **Project teams** – time-limited, and tasked with production of one-time outputs. Not repetitive tasks; membership is diverse; specialized expertise can be applied to the project
- **Management teams** – provide direction to their subunits and are responsible for the overall performance of a business unit. Authority is derived from hierarchy and rank.
- **Virtual teams** – work together in pursuit of common goals, spanning time, space and organizations and their boundaries. Linked by communications technology. Allows for best talent to be utilized without geographic limitations

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Stages of Team Formation

• **Forming** – orientation to the task; testing of boundaries; dependence and interrelatedness

• **Storming** – emotional response, conflict and resistance to group influence and task requirements

• **Norming** – open exchange of ideas and opinions; new standards and roles for behavior develop

• **Performing** – constructive action that supports task performance

• **Adjourning** – anxiety about separation and termination, self-assessment

Characteristics of High-Performing Teams

- Sense of purpose
- Clear goals
- Communication skills
- Leadership
- Cohesion

- Mutual respect
- Work ethic
- Motivation
- Efficacy
- Power and empowerment


Enabling Factors and Barriers For Successful Team Function

• Enabling Factors
  – Clear goals
  – Good communications skills
  – Investment in the outcome
  – Shared work ethic – all participants do their part
  – Clear deliverables
  – Time management

• Barriers
  – Leadership failure
  – Poor decision making
  – Lack of trust
  – Poorly defined roles and responsibilities
  – Relationship issues between team members
  – Negative team culture

What Can Leaders Do To Foster High-Functioning Primary Care Teams

- Encourage physicians to delegate leadership to others who have time and skill appropriate to their scope, training and experience
- Co-locate team members to facilitate communication
- Help teams map their work flow and clarify roles
- Positively influence the culture, composition and size of teams
- Involve teams in decisions that affect them
- Create a culture of safety such that teams can and will report and address medical errors

Quoted from:
Key Elements to Improve Care Team Functioning

- **Context** – role definition, protocols and workflows
- **Cognition** – mental models of what the team is and why it is organized; shared vision
- **Leadership and Coaching** – leaders help the team establish goals and achieve shared understanding; they also coach the team in the skills and behaviors needed for success
- **Cooperation** – motivational driver of teamwork; foundation of cooperation is TRUST; safety and process for dealing with conflict
- **Coordination** – cohesive orchestrating of the sequence and timing of key interdependent actions
- **Communication** – huddles, debriefs, team meetings, short and long meetings; critical information confirmed using closed loop communications, similar to “teach-back.”

High-Functioning Teams in Health Care

- **Trust** – feeling safe to be vulnerable with one another; understanding each member’s roles; allowing each member to operate freely within his or her own scope of practice; frequent and meaningful dialogue

- **Diversity** – inclusion of various roles, training, experience within the team

- **Communication** – routinely making observations about how to improve elements of patient care and prioritizing regular time periods for all team members to contribute to discussions about these observations

- **Joy** – positive experiences and outcomes among physicians, nonphysician team members, and patients - these are directly correlated with job satisfaction

THE FIVE DYSFUNCTIONS OF A TEAM

Inattention to Results
Avoidance of Accountability
Lack of Commitment
Fear of Conflict
Absence of Trust

Focus on Collective Outcomes
Confront Difficult Issues
Force Clarity and Closure
Mine for Conflict
Go First!

the table group - the source for organizational health
Building Trust

• Being vulnerable
• Being the first one to
  – Speak candidly
  – Share weaknesses and shortcomings
  – Ask for help
• Building trust takes time and must be nurtured
• Can be broken much more quickly than built
Nothing Happens Without It
Mastering Conflict

• First must establish trust
• Establish ground rules and expectations for communication
• Give everyone a chance to speak . . .
• . . . and to be heard
• Analyze situations for potential conflicts and pitfalls
• Listen carefully to what is being said, and to what is not being said
• Watch and respond to nonverbal communications
Mining For Conflict

- There is such a thing as GOOD conflict
- Conflict is uncomfortable but NECESSARY
- Must have TRUST first
- Keep an open mind
- Focus on issues, not personalities or people
- Fear of personal conflict should not get in the way of good debate
- Must set ground rules that establish norms for how conflict happens
- ENCOURAGE DEBATE AND DISAGREEMENT
Achieving Commitment

• Commitment requires:
  – Buy-in: the achievement of honest emotional support
  – Clarity: the removal of assumptions and ambiguity from a situation

• People don’t have to get their way to support a decision
• Avoid assumptions
• Make and communicate clear decisions without ambiguity
• Buy-in does not require consensus
Embracing Accountability

• Peers hold each other accountable

• With trust in place, and no fear of conflict, and a clear commitment, accountability becomes possible

• Agree upon the metrics for success BEFORE you start

• Regularly review progress against the metrics the team has agreed upon

• Establish norms for consequences when metrics and commitments are not met
Focusing on Results

- Each of us can have many motivations for our efforts
  - Ego
  - Career development
  - Money/compensation
  - “What’s good for my unit”

- Have to move past individual goals and focus on team goals – team goals must be the TOP PRIORITY

- Must declare team goals publicly and restate them often

- Peer pressure and “letting the team down” are more effective drivers of behavior than punishment or rebuke

- Leaders must be willing and able to confront difficult issues in terms of accountability and commitments
Nothing Happens Without It
Key Takeaway

“A great team is one that accomplishes the results it sets out to achieve.”

Peter Lencioni
Case Discussion

• You have been asked to form a team to develop a protocol for handling opioid prescribing in your clinical setting. You have two providers in the group who do not want to create a protocol on this issue because they “don’t want anyone telling them how to practice medicine.”

  – How would you choose who belongs on your team?
  – What would be your agenda for the first meeting?
  – How will you foster trust among the team?
  – What conflicts might arise and how will you manage them?
  – What are your team’s goals?
  – How will you measure your success?
Small Group Case Discussion
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