FACILITATORS' INTERDISCIPLINARY TEAMWORK TRAINING WORKSHOP

by
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A Practicum Report
Submitted To The Faculty Of Graduate Studies In Partial Fulfillment Of The Requirements
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ABSTRACT

The provision of health care services is undergoing rapid change and this brings accompanying stress for health care providers. Interventions that help staff cope in times of stress are being sought so that patient care does not suffer. Because of the nature of health care delivery, the implementation of interdisciplinary teamwork is becoming more prevalent. Good team functioning has been found to have a positive correlation with higher levels of psychological well-being among health care employees (Carter & West, 1999). This practicum was developed as a potential tool that could assist team leaders to promote delivery of effective teamwork in times of change. It was promoted to those currently working in the capacity of team facilitator and those aspiring to do so.

The practicum consisted of a two-day workshop advertised to team leaders within the Winnipeg Regional Health Authority (WRHA), and was conducted at Seven Oaks General Hospital. The workshop was based on a literature review of teamwork that indicated there are skills, knowledge, and abilities that promote effective teamwork in health care settings and that teamwork training can impart these (Clark, Linehaas, & Filinson, 2002).

The practicum methodology included the delivery of a workshop that consisted of eight topics related to teamwork, selected from a review of the literature on that subject. Each topic was presented utilizing a variety of techniques including mini-lectures, self-administered surveys and questionnaires, and interactive exercises.

The workshop was introduced through the learning of a cooperative game to emphasize the notion that individuals can learn to participate in teamwork.

The specific objectives of the practicum were to:

- Develop a greater understanding of the usefulness of specific themes related to teamwork as they impact the facilitation of effective teamwork in health care settings.
- Provide the author with the opportunity to develop in-depth reflective thinking techniques (Schon, 1987) to improve the author's own abilities as a facilitator of teamwork in a health care setting.

The outcome of the practicum was the development and delivery of an inter-disciplinary teamwork training workshop in which six participants were able to provide invaluable feedback. A modified CSQ-8 was used to evaluate each topic presented and for the overall workshop. This project enabled the author to integrate previous education and work experiences to enhance the author's own knowledge, skills, and abilities as a facilitator of teamwork and as a facilitator of training, using a workshop format.

Conclusions include the recognition that it is challenging to learn new ways of working with others in an interdisciplinary health care context. Individuals may have different understandings regarding the same concept, in this case the concept of teamwork. The importance of using team training to clarify and develop a mutual understanding among team members of teamwork issues emerged from this practicum. Facilitators of teamwork in health care settings may have the opportunity to perform their role with enhanced knowledge, skills, and abilities as they promote effective interdisciplinary teamwork in their respective health care setting.

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ACKNOWLEDGEMENTS

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Second, I want to thank the three members of my Graduate Studies Committee, Professor Paul Newman, Dr. Laura Taylor, and Ms. Kelly Southworth. Each one in their unique way has provided me with the support and encouragement to persevere throughout the learning process of becoming a 'master' in a chosen field of study. Their words of wisdom and encouragement allowed for the creation of a meaningful and practical workshop.

I want to thank the participants who were able to provide invaluable feedback. Their participation has contributed to the significance of the findings in this practicum report. And, finally, thank you to all of my colleagues who expressed interest in attending the workshop (but were unable to) and have in one way or another, supported the achievement of this body of knowledge.

CHAPTER ONE

INTRODUCTION

Much of the research on organizational life identifies the people as the organization's most precious resource. Organizational changes frequently create challenges for the individuals who work in them. This is particularly evident in health care settings. "Health care professionals whose job performance is vital to their patients, suffer tremendous stress in striving to maintain essential performance levels while implementing changes and keeping pace with a growing workload" (Decker, Wheeler, Johnson & Parsons, 2001).

The literature and the author's own work experiences have revealed that change itself can be both energizing and threatening. Perhaps the most salient reason for the experience of stress is that change driven by internal factors (i.e. personal choice) is more palatable than change driven by external ones (i.e. downsizing, re-structuring, re-direction). The literature identifies many ways to support individuals during times of change. Many of these supports have the potential to mitigate some of the negative consequences change may bring, particularly increased anxiety, fear, and difficulty coping.

Teamwork has been identified as an important method of working in health care settings (Carter & West, 1996; Ryan, 2004). Hospitals and community clinics provide services to their patients/clients through a variety of disciplines (including nursing, social work, occupational therapy, physiotherapy, dietetics, and medicine). The working assumption is that the needs of the patient/client (from the simple to complex) can be

more effectively addressed through the expertise of an efficient interdisciplinary team (West, 1999) in an atmosphere which may simultaneously mitigate staff burnout, turnover, and absenteeism (Firth-Cozens, 1998). It is important to note that simply combining a nurse, social worker, physician and an occupational therapist in a room with a patient does not make them an effective team. A team has to interact or collaborate to achieve a common goal (Firth-Cozens, 1998). They must do more than work independently with the same patient.

The complexities of effective teamwork has stimulated a recognition of the need for specialized team training which addresses the critical competencies necessary to successfully function cohesively in the highly charged atmosphere of health care service delivery (Clark, Linehaas, Filinson, 2002; Richardson, Montemuro, Mohide, Cripps, & MacPherson, 1999). Recognition that team leaders/facilitators may benefit from specific training for their pivotal role has emerged (Fichtner, Stout, Larson, & Dowd, 2000).

The author undertook to develop and deliver a workshop, using group dynamics, designed to stimulate team facilitators to reflect on concepts pertinent to their endeavors to promote effective teamwork, all within the context of change. Many individuals may experience organizational changes as disruptive. The workshop was designed to create an opportunity for participants to enhance or augment their current knowledge, skills, and abilities regarding teamwork, in an informal atmosphere that encouraged reflection and growth, through the sharing of expertise among colleagues.

One of the tenets of this practicum is the belief that there is a way to achieve a balance between the impact of restructuring and redesigning the delivery of healthcare services on the one hand, and the experienced stress, anxiety, and turmoil of health care

professionals on the other. The development and delivery of the "Facilitators' Interdisciplinary Teamwork Training Workshop" for this practicum was designed with the understanding that specific knowledge, skills, and abilities related to teamwork have the potential to provide participants with additional resources with which to perform their jobs in times of change.

The workshop was initially designed to include eight consecutive weekly sessions of between two and one-half and three hours in length. The structure of each session included the introduction of the topic by the author, interactive simulations, exercises, short videos, and discussions related to the topic, all based on principles of adult education and reflective thinking.

The overall goals of the workshop were to:

1. provide a forum for participants to explore relevant topics and competencies related to interdisciplinary teamwork that would enhance their skills and knowledge;

2. model a safe adult learning environment that would enhance reflective thinking; and

3. develop the author's own reflective thinking skills.

Time and responsibilities of health care providers posed a significant limitation to this practicum. The original intention of facilitating an eight session workshop simulating the development of group/team cohesiveness was frustrated when it became apparent, after consultation with a professional consultant and colleagues, that recruitment and retention of participants over such a time period would be difficult to achieve in the present health care environment. In order to test the usefulness of the

themes identified through the literature review, a two-day workshop covering the eight themes was delivered, with the two full day sessions held ten days apart.

The author's evaluation of the group process was comprised of both formative and summative methodologies. It involved the use of reflective learning techniques as identified by Schon (1987) for both the formative and summative evaluations. The first source of data on which the author's reflection was based upon was the written observations and personal contact provided by an observer of the workshop sessions. The second source of data was surveys completed by the workshop participants at the conclusion of the presentation of each topic, as well as the overall workshop evaluations completed at the conclusion of the workshop.

The workshop was created utilizing a variety of strategies such as the use of videos, games, and interactive exercises. The content of the workshop was drawn from literature related to teamwork issues. While many themes were identified in the literature, the author selected eight key concepts, based on her own reflections on what was most helpful for her role as a team facilitator. All selected themes were well supported in the literature. The eight themes were: organizational context, individual learning styles, coping styles, communication, leadership styles, conflict and conflict resolution, psychological safety and team learning, and collective efficacy.

The opportunity for participants to experience the development of relationships of trust and safety with each other over an extended period of time was not realized by virtue of the structure of the workshop (2 days vs. 8 weeks), necessitated by the complexities of the health care environment. In addition, the opportunity for participants to reflect on their own practice as they explored the topics and competencies was

compromised. Despite these limitations, the workshop model was comprehensive, and the content was well received by the participants. The author learned a great deal and was able to enhance her facilitation skills—related to both promotion of teamwork and workshop development and presentation.

CHAPTER TWO

LITERATURE REVIEW

2.1. Organizational Context, Change, and Stress in Health Care Settings

Health care organizations in Canada struggle to deliver quality care with fewer resources (Romanow, 2002). Understanding some of the broader policy issues is often helpful in clarifying and making sense of changes experienced at the patient care level. In the Winnipeg Regional Health Authority (the administrative body that governs the six acute care hospitals, three long-term health centres, many personal care homes, community mental health services, public health services, home care, senior services, and the neighbourhood access centres in the city of Winnipeg) the primary organizational restructuring impacting staff is the move to program management. Program management is the internal reorganization of service delivery in health care organizations from discipline-specific departmental structures to programs utilizing services of multiple disciplines (Charns, Smith & Tewksbury, 1993). In these models, programs are organized according to patient population (e.g. elderly, adult women), or procedures (e.g., cardiac surgery), with program managers managing the full budgets and resources, both human and equipment, for the program (Leatt, Lemieux-Charles, Aird, & Legatt, 1996). Program management shifts authority, decision-making, and resources from departments (e.g. social work, occupational therapy) to programs (Charns, Smith & Tewksbury, 1993). The consequences of this restructuring are the decentralization of staff and services from departments to programs, and the dissolving of departments (Barnsley, Lemieux-Charles, & McKinney, 1998; Lemieux-Charles, et al. 1993). In these

restructured organizations there are no professional departments. Program managers hire, supervise, and manage the staff they need to deliver their programs (Berger, Cayner, Jensen, Mizrahi, Scesny, & Trachtenberg, 1996; Leatt, Pink, & Naylor, 1996). According to Berger and colleagues (1996), the departmental professional structure of directors and supervisory staff no longer exists. This restructuring has led to an emphasis on the functioning of inter-disciplinary teams and the weakening of profession-based contacts and structures (Globerman, White, Mullings, & Davies, 2003; Miley, O'Melia, & DuBois, 1998). According to these authors one of the intents of program management is to place professionals directly into programs in which they would ostensibly have greater authority and responsibility for their decisions and actions. Program management is also described as reorganizing care so that it is patient-focused care (Tidikis & Strasen, 1994; Porter-O'Grady, 1993). In that patients are admitted directly into programs where cross-trained professionals are accountable as a team for patient/client outcomes, this model is argued to be more patient-focused than the traditional bureaucratic models of health care organizations (Globerman & Bogo, 1995; Porter-O'Grady, 1993).

Dector (2000), one of Canada's most respected consultants and writers in the field of health care change has identified four rationales driving these organizational changes. The first is that new ideas and a different vision for health is evident and illustrated by the shift in health policy from the provision of individual health care services to managing costs and trying to manage the health status of populations. Organizing services to programs is argued to be more effective (Tidikis & Stasen, 1994). Second, Dector (2000) argues that a more demanding and knowledgeable public, as evidenced by increased consumer demands for quality, accountability, participation, and choice is also a reason

for health care change. Third, Dector (2000) claims that advances in technology, in particular, chip-based technology, (illustrated by epidemiologists' ability to discover patterns of health and illness, and chart complex outcomes of particular health care interventions), have made significant contributions to the ability to understand the health of consumers. Finally, Dector (2000) identified a desire for greater affordability and value for money, as evidenced by changes in spending techniques of the 1990s from broad supply-side constraints to re-engineering care delivery as having a significant impact on health care change. Examples of change exist in efforts to introduce call centers; better health information; a renewal of public health initiatives; development of program models; and the emergence of population health indicators (Dector, 2000; Robertson, 1998).

These rationale, as listed above, provide the foundation for the Romanow Report (2002) on the suggested restructuring of health care services in Canada to maintain universal coverage. The focus on primary health care and a fundamental shift to provision of services within this framework provide the context for many of the changes team facilitators encounter. In the new health care arena there are increasing numbers of community-based primary health centers that provide comprehensive services, more interdisciplinary teams, and a greater emphasis on health promotion, injury and disease prevention, and the management of chronic illness (Jirsch, 1993). These changes create the organizational context that potentially causes stress for the people who work in them.

Ryan and Oestreich (1998) suggest that the greater the amount of change and the faster the rate of change, the greater the chance that fear will develop. One possible consequence of fear is resistance. Carr, Hard, & Trahant (1996) claim that human beings

spend their entire lives resisting change. They suggest that to resist change in the work environment is not necessarily a negative thing; resistance can be a healthy response to lack of control or choice. But fear can also be destructive. They suggest ways organizations and teams can avoid the negative consequences of change. One is to assess individual potential resistance to planned change through employment interviews and surveys (to assess readiness for change). The second is to involve all employees in the management of the change process. Resistance to change has been documented among social workers in Ontario (Globerman, et al., 2003). Globerman and colleagues' research (2003) of social workers in hospitals undergoing restructuring to a program management model identified the vulnerability of social workers who were resistant to change. Those who embraced the organization's mission were more likely to keep their positions than those workers who behaved as victims and resisted involvement in their program teams. Involvement of social workers in managing and leading the change proved a successful strategy both for the individuals and the survival of the profession in the organization (Globerman, et al., 2003).

The Canadian Institute for Health Information (CIHI) whose mandate is to provide reliable and timely health information, indicates the importance of examining the role of primary health care as the focus for change (2003). There are many thousands of employees who are affected by the restructuring and re-engineering of health care delivery. Given fundamental Canadian efforts to sustain universal health care, many more will be affected by proposed large health care change initiatives such as transformations to primary health care centres (Romanow, 2002). These CIHI (2003) data and Manitoba's Health Indicator Report (2002) provided the rationale for the

creation of the Neighborhood Access Centers in Winnipeg. These centres are an example of health care re-engineering that establishes multidisciplinary, comprehensive health centers that serve as a first point of contact for the public (CIHI, 2003; Manitoba Health Indicator Report, 2002). The goal of these centers is to provide an integrated, comprehensive range of services. Many of the health care workers will be relocated from hospitals to community-based, multidisciplinary team environments, often involuntarily (CIHI, 2002). A large study with home care employees involved in similar restructuring as a result of shifting resources to community, found that home care workers who feel supported by their organizations and peers are less likely to experience work-related stress and are more satisfied with their jobs. They argue that in periods of rapid change, organizational support for employees includes adequate information about impending changes and the impact these changes will have on jobs (Denton, Zeytinoglu, Davies, & Lian, 2002).

Decker and colleagues (2001) also support the notion of involving employees in the change process. They found that providing clear and adequate communication, recognizing accomplishments, and providing opportunities to make decisions and to provide feedback are some of the ways organizations can assist employees during times of change. They suggest that educational programs for employees affected by organizational change can be a positive way to assist employees and alleviate fear. Educational programs can range from providing concrete, accurate information about the change process itself, to assisting employees to identify how the change may affect them personally, and in their professional roles. "Adaptation and survival in today's health

care environment requires complex ways of thinking that go beyond an innate resistance to change" (Dowd & Bolus, 1998, p.70).

Re-structuring without consultation and input from employees may lead to fear and resistance (Decker, et al., 2001). Understanding personality types, stress and styles of coping, and communication techniques may provide team managers with additional skills for facilitating supportive and effective interdisciplinary teamwork in the context of change (Pearlmutter, 1998).

When working with individuals in times of change, it is helpful to understand that for many people, change translates into fear (Ryan & Oestreich, 1998). Ryan and Oestreich (1998) identify four individual issues that affect how individuals respond when changes are pervasive. These include the individual's credibility, particularly their reputation within the workplace environment. Secondly, competence, or the specific skills, knowledge, and abilities individuals believe they require to accomplish tasks, impact responses to change. Thirdly, relationships, the positive connections that individuals experience that assist in task completion, are significant. Finally, security, the individual's sense of confidence about the future, particularly as it relates to income and the individual's personal and/or professional identity, impact the way change is handled and managed. Globerman and colleagues (2003) and Berger and colleagues (1996) corroborate this. They found that problems have been identified when re-designing the role and function of professionals. They found that some professionals fear that their unique contribution will be 'diluted' or become less specific to their professional discipline (Globerman, et al., 2003).

The above themes were identified in many other articles about organizational change and the impact it has on the individuals involved. Bord & Nelson (1996), in a review of research on restructuring and reorganization in health care, maintain that professionals affected by work re-design worry about losing their jobs; feel territorial based on perceived differences between themselves and co-workers; and are resistant to take on the duties of another profession, especially when there was a personal reason behind their choice of profession in the first place. They argue that because re-design frequently reduces the number of professionals providing care to any one patient, it is only natural that people fear losing their jobs, and competition between various professionals is likely to occur. The authors suggest that little attention has been paid by the architects of re-design to the human element inherent in the individual's choice of one profession over another. According to Bord and Nelson (1996), when basic employee needs are not met, employees may unconsciously sabotage any new and complex tasks, often out of fear regarding loss of occupational identity and loss of job.

Decker and colleagues (2001) suggest that integration models (such as program management) which aim to strengthen health care systems by utilizing resources more efficiently, may actually cause the opposite result. The authors surveyed health care professionals during times of organizational change, about their perceptions of stress, workload, and other performance issues. They found that the employees' perception of organizational change affected them negatively. Workload and scope of responsibility were the two most frequently cited factors that affected employees negatively. Not only does program management frequently result in more responsibility and work, even when

it does not, and employees only perceive this to be so, morale can be weakened and the change is more likely to be resisted (Globerman, Davies, & Walsh, 1996).

Change is pervasive in health care settings. Strategies can be employed to potentially alleviate the negative impact of reactions to change. Virginia Fearing (2001) explored the concept of change for health care professionals and identified the importance of choice and control, and what individuals can do to assist in 'creating' their own reality as professionals in organizations undergoing change. An Occupational Therapist, Fearing (2001) developed an approach that would assist rehabilitation professionals maintain their professional identities. Similarly, Ryan and Oestreich (1998) explored fear of change, fear of failure, fear of getting fired, and fear of being left out of the decision-making process. Of particular significance is the notion of the trust-fear continuum. Borrowing from Jack Gibb, the authors describe high trust organizations as those that work diligently to create a new kind of workplace characterized by trust and openness. The other end of the spectrum consists of workplaces that are locked into a way of operating that is characterized by fear, mistrust, and control. The authors contend that in reality, most organizations would fall somewhere in the middle. These findings suggest that strategies to enhance trust and learning behaviour in organizations that rely on teams may alleviate the negative reactions to change (Edmondson, 1999).

Research on social identity theory and self-categorization theory suggests that team members need to recognize the team as a unit and as a desirable work arrangement in order for the team to be effective (Lemke & Wilson, 1998). Lemke and Wilson (1998) describe social identification as a process whereby the individual develops a sense of feeling and thinking like a representative of a social group as opposed to thinking and

feeling like an individual. Lemke & Wilson (1998) explain the process of the individual transforming their perception from a position of 'my' purpose or 'my' tasks, to 'our' purpose or 'our' tasks. In the past, group identity has come from membership in individual disciplines or departments. A shift to team/program membership is not automatic, but must be actively developed.

Decker and colleagues (2001) found that employees in health care organizations generally view change negatively and this affects staff morale, performance, and satisfaction. Studies in the area of work and organizational psychology have shown that workplace social support provided by peers, colleagues, and supervisors can provide a buffer to the stresses inherent in many jobs (LeBlanc, de Jonge, & Schaufeli, 2000). Teamwork was found to be able to provide a stimulating and satisfying work environment for staff (Toseland, Palmer-Ganeles, & Chapman, 1986).

According to May & Schwoerer (1994), the organizational context will influence the interdisciplinary team's ability to achieve effectiveness. In particular, team members must be allowed to develop their technical and interpersonal skills through workshops and job-simulated exercises in order to facilitate learning (May & Schwoerer, 1994). May & Schwoerer suggest as well, that information systems that are adequate to allow team members to make accurate decisions and receive prompt feedback on job performance need to be present. A reward system that compensates team members for acquiring skills which may enhance their contribution to the team needs to be built into the organizational system. Finally, sufficient material resources and tools to allow the team to accomplish its job must be available (May & Schwoerer, 1994). In order for

leaders to be successful as teamwork facilitators, they must recognize the importance and value of the organizational context in their system (May & Schwoerer, 1994).

Suggestions to increase the likelihood of managing successful change include providing adequate information about impending changes; implementing change at a reasonable pace; and inviting employees to have input into how change will be implemented, especially when the change is externally imposed (Denton, et al., 2002). Clear communication about change; seeking input from employees about how to implement change; and offering both on an ongoing basis seem to be the recommendations for preventing fear reactions from employees.

Because change is often difficult for everyone in health care, understanding how individuals cope with and manage stress is critical. In the next section, research on stress and coping is reviewed. How this knowledge impacts the choice of interventions, (in this case facilitating effective teamwork) to help employees cope with change and continue to consistently provide good patient/client care, is examined.

2.2 Stress and Coping.

Knowledge about individual differences and personality types may be helpful in understanding how individual employees cope with change (Lazarus & Folkman, 1984; LeBlanc, et al., 2000). Newstrom and Davis (1993) state that human beings are familiar with change and often prove themselves to be quite adaptive to it. They suggest that most often, employees resist change because it threatens their sense of security, status, or self-esteem; however, the perceived threat may be real or imagined, intended or

unintended. One's appraisal of the meaning of change affects one's stress response (Lazarus & Folkman, 1984).

Research on stress and coping (Lazarus & Folkman, 1984) indicates that the notion of stress is best understood as a complex biosocial-psychological response to an emotion such as anger, fear, shame, joy, or love. The individual involved performs a 'cognitive appraisal' of the particular 'stressor' (Lazarus, 2000). This includes many antecedent conditions such as the individual's values, goals, beliefs about oneself; and the recognition of one's personal resources for coping, such as financial, social, and problem-solving skills (Lazarus & Folkman, 1984).

Le Blanc and colleagues (2000) discuss the three kinds of meaning about which researchers generally agree when using the term 'stress': stress as a stimulus, stress as a response, and stress as a mediating process between the stressor (stimulus) and reaction (response). The environmental variables that influence one's ability to cope with a perceived stress are significant and may include the nature of the danger, its ambiguity and duration, and the quality of social supports to facilitate coping. This body of research suggests that individuals can turn a threat into a challenge through cognitive re-appraisal of stimulus (Lazarus & Folkman, 1984). Two kinds of coping can then occur, problem-focused coping and/or emotion focused. Problem-focused coping includes strategies such as gathering information, trying to come up with several solutions to the problem, and making a plan of action. Emotion-focused strategies include seeking social support, self-blame, avoidance, and denial (Folkman & Lazarus, 1991, pp. 212-214). Utilizing a problem-focused approach has been identified as more functional in complex organizations undergoing change (Folkman & Lazarus, 1991)

Cooper, Dewe, & O'Driskoll, (2001) in their review of research on sources of job strain identify organizational roles as one important dimension. These include (pp. 38-40):

> Role ambiguity—this refers to the unpredictability of the consequences of one's role performance, and also to the lack of adequate information to perform one's role.
>
> Role conflict—this refers to incompatible demands as a result of single role or multiple roles occupied by the individual and the perception of inability to do the job.
> Role overload—this refers to the number of different roles an individual has to fulfill.
>
> Responsibility—this involves two aspects; one is responsibility for things (budgets or equipment), and the other is responsibility for people (supervisory capacity).

These potential sources of job strain (Cooper et al., 2001) are likely to be encountered by many individuals working within the health care environment. In program management role ambiguity, role conflict and ambiguity about responsibilities are frequently present, potentially creating anxiety and fear and the need for functional coping strategies (Berger et al., 1996; Globerman et al., 2003).

2.2.1 Coping and the Professions

The previous information regarding the literature on organizational context and change suggests that individuals cope better when they feel supported. Gellis (2002) compared the coping strategies between social workers and nurses working in hospital-based settings. The objective was to find out if those in different occupations cope differently and whether or not this affects their level of job satisfaction, especially during times of change. The results of Gellis' study indicate that the nurses, who relied mostly

on emotion-focused strategies (such as avoidance), reported higher levels of job dissatisfaction. However, health professionals (nurses and social workers) who rely on problem-focused strategies (such as seeking more information) were able to deal more effectively with work-related stress and thus improve work performance. Problem-focused strategies involve using others, are experienced as supportive, and are teachable (Roskies, 1991).

Improving social support has been identified in the literature as a way to reduce stress in the workplace (Le Blanc, et al., 2000; Onyett, Pillinger, & Muijen, 1997). This includes the number and strength of connections an individual worker has to other workers in his/her network. Whether or not this social interaction is satisfying also impacts on stress and stress reduction. According to Carter & West (1999) the appraisal by the individual that others can be relied upon for direct aid or assistance, information, advice, guidance and empathic understanding is important to reducing stress and increasing feelings of safety. As well, the actual received support, the supportive acts others perform to reduce stress, are critical (Onyett et al., 1997). These stress-reducing activities are considered to have a positive effect when strong job stressors are involved. Similar concepts have been identified by other authors, including Harris and Barnes-Farrell (1997); and Unsworth and West (2000).

Communication, back-up behavior (ability to cover the roles and responsibilities of another team member), and meaningful feedback all contribute to supportive relationships in the workplace (Harris & Barnes-Farrell, 1997). In their Ontario research Globerman and colleagues (2003) also found that organizational stressors are ameliorated by professional councils and task groups. Systems that encouraged discipline-specific

colleagues to work as a team to address professional challenges are also important. There seems to be a need to maintain discipline distinctiveness and connections, even under systems of program management.

Increased workload concerns, fear of violations regarding fairness, unclear role definitions, fear of job loss, concern about loss of occupational identity, lack of manager support, and low tolerance for change have been identified as possible sources of strain among teams in organizations (Kirkman, Jones, & Shapiro, 2000). One possible solution to minimize resistance while maximizing the effectiveness, support and mental health experienced by some team members, is to provide teamwork training. Carter and West (1999) claim that teamwork allows individuals to more effectively meet the demands of health care tasks. Prior to examining teamwork training, teamwork will be discussed.

2.3 Teamwork

Given that the major thrust of health care reorganization is a move to have interdisciplinary teams provide more effective and efficient patient care, the questions arise—"what is a team and how will being part of one help individuals do their jobs better?" To answer these questions, one needs to define the concept of team; identify what makes a team; what contributes to effective team functioning; how teamwork can be facilitated; and how team leaders can be supported to facilitate effective team functioning.

2.3.1 Definitions.

Mohrman, Cohen & Mohrman (1995) define a team as:

> a group of individuals who work together to produce products or deliver services for which they are mutually accountable. Team members share goals and are mutually held accountable for meetings them, they are interdependent in their accomplishment, and they affect the results through their interactions with one another. Because the team is held collectively accountable, the work of integrating with one another is included among the responsibilities of each member. (pp. 39-40)

This definition of teamwork was selected for this practicum because of the focus on collective accountability, which is vital in a health care context. Gibson and Zeller-Bruhn (2001) discovered that most definitions of teamwork include a reference to what a team does (its scope of activity), who is on the team (members' roles), why they are on the team (nature of membership), and why the team exists (its objectives). According to Gibson and Zeller-Bruhn (2001), teamwork may mean very different things cross culturally, or even between two individuals who are working on the same team. For example, a manager who defines teamwork like a community may disappoint team members who see teamwork more like a family and expect 'parental' guidance from their manager. In the health care context, with the restructuring described earlier, staff are frequently parachuted into teams and have considerable difficulty 'reading' the culture of the team (Globerman et al., 2003).

Working within teams involves understanding the distinction between groups and teams. Neuman and Wright (1999) suggest that team effectiveness is something beyond the skills and cognitive abilities required to do the job. Facilitators of teamwork must be able to note any different relationships at the group level due to process. Firth-Cozens (1998) cites the primary difference between groups and teams as that of common goal or

purpose. All teams are groups but not all groups are teams. A team is a number of people who work together to achieve a common purpose (Firth-Cozens, 1998, p. 53). This is particularly evident in interdisciplinary health care teams, where the common purpose is effective patient care. The collaborative effort is crucial to the outcome.

2.3.2 Team Composition

With regard to team composition, the mix of people is critical to the interdisciplinary team. Research suggests that diversity can be beneficial (Kirkman & Shapiro, 1997). The education, professional background, ethnicity, and gender of the individuals on the team can all have an impact on team effectiveness. Diversity of team membership does not ensure effective teamwork. It is more important for the members to self-identify as members of a particular team (Lemke & Wilson, 1998). According to Neuman and Wright (1999) agreeableness and conscientiousness are two personality traits that enhance team functioning. In their research agreeableness in team members was found to enhance their cooperativeness with others, their willingness to resolve conflict, and to be open in their communication style. Conscientiousness in team members was demonstrated to assist with performing tasks regularly and paying attention to detail.

Team members need to identify with their team, to define their position in relation to their health profession as well as their interdisciplinary team (Globerman et al., 1996). This creates an atmosphere where individuals are more accepting and willing to communicate. Studies by Campion, Medsker, and Higgs (1993) support the notion that diversity or heterogeneity can increase effectiveness of teamwork because employees

learn from each other. Introducing team work and team based activities can be a complex and interactive process which needs to consider the different backgrounds, expectations, and interpersonal styles of the team (Lemke & Wilson, 1998).

Allen (1996) has shown that individuals form meaningful distinctions between their team, and the organizations within which they work. She states that it is important to create workplaces in which employees feel positively towards their work group and their organization. Teams composed of members who feel connected to their team but alienated from the organization, impact the ability of the team to work collaboratively and effectively (Allen, 1996). Team leaders need to be cautious about the development of a sense of 'team' to exclusion of other considerations. Teamwork is only one part of effective health care delivery.

2.3.3 Components of Teamwork.

There was remarkable consistency in the aspects or components of teamwork since the early inception of teams in the mental health field. Teamwork components were first identified as membership, leadership, status, conflict, and team structure (Ryan, 1994). More recently, components of teamwork have been identified in the literature as types of knowledge, skills, or abilities that can be observed and developed as required (Firth-Cozens, 1998; Harris & Barnes-Farrell, 1997; Lemke, & Wilson, 1998). Components of teamwork can be observed through behaviors. Most of the research encountered was based on the seven core components, identified by Dickinson's research on teamwork, and articulated in Harris and Barnes-Farrell, (1997, p. 1697) and include the following:

Team Orientation – the attitudes that members display towards other members of the team and their task;

Team Leadership – the provision of direction, structure, and support to other members. Leadership in this context, does not necessarily refer to one individual or to formal authority;

Communication – the exchange of information between members. Communication can also clarify or acknowledge the receipt of information;

Monitoring – the observation of the activities of other team members and the provision of feedback and backup behavior as required;

Feedback – the giving and receiving, the accepting of information, including input and feedback regarding performance;

Backup Behavior – assisting other team members in a manner which indicates team members understand the others' tasks. This also involves the provision and seeking of assistance when needed; and,

Coordination – team members perform their tasks in a timely and integrated manner and team members are influenced by each other's performance.

These components are especially important in interdisciplinary teamwork in health care where patient/client situations are often complex. The contributions of various professionals and the impact of their ability to make decisions collectively are critical. In the study by Harris and Barnes-Farrell (1997), the research concluded that, in particular, the components of backup behavior, team leadership, and monitoring contribute significantly to team success.

2.3.4 Teamwork Training

The notion of providing specific training to enhance teamwork is supported in the literature by many as critical to effective team functioning (Clark, Leinhaas, & Filinson, 2002; Haig & LeBreck, 2000; Howe, Hyer, Mellor, Lindeman, & Luptak, 2001;

Richardson, et al., 1999). The skills associated with effective teamwork can be developed both as individual and group skills (Avery, 2000; Clark, Lienhaas, Filinson, 2002). One of the specialty areas where teamwork training has received a great deal of attention is geriatrics. A study by Richardson and colleagues (1999) was conducted with the objective of providing an inter-professional team training experience for undergraduate students that would make them more effective team members in their work with the Geriatric Rehabilitation Team. Students from the interdisciplinary team (occupational therapy, social work, physical therapy, nursing, and recreational therapy) participated in the team-training program. The objective was to demonstrate that exposure to the inter-disciplinary team process at the undergraduate level can provide participants with beneficial experiences in some important teamwork skills. These skills included various aspects of interpersonal communication, such as giving feedback, role negotiation, conflict resolution, and collaborative evaluation of team functioning. The results indicate that with training, students were able to increase their knowledge about team functioning. Students also described feeling more confident in providing relevant patient care information. A study by Pietroni (1991) involving social workers, nurses, and doctors' perceptions of each other, found that by the time professionals complete their undergraduate training, they have already developed what he calls a 'tribal allegiance' and this may impede teamwork in the interdisciplinary context. Pietroni (1991) argues that 'stereotypes' have already been established and these may be difficult to dispel. Consequently attempts to improve teamwork effectiveness may be thwarted by antecedent phenomena.

Howe and colleagues (2001) explored team skills and educational methods necessary for social workers to be effective working on an interdisciplinary geriatric health care team. Using a Geriatric Interdisciplinary Team Training (GITT) program, participants were exposed to meaningful team training experiences particularly around communication, conflict resolution, and interdisciplinary skills. The emphasis on developing educational opportunities and resource materials to enhance collaborative inter-disciplinary team training was an important recommendation for future research. This research informed the practicum by reinforcing the need to include communication, personality and learning styles, coping styles, and conflict resolution in the leadership training workshop.

Another team training program, the Rhode Island Geriatric Education Center (RIGEC), explored how the complexity of effective teamwork training is potentially compromised by the external environment of resource containment (Clark, Leinhaas, & Filinson, 2002). Their review of the literature identified funding as a key factor in limiting teamwork training opportunities and organizations' commitment to training. Their research involved eight hospital sites where geriatric interdisciplinary teams work and identified that teamwork training must be evaluated for its impact on teamwork skills, knowledge, and abilities as these affect the quality of care in Geriatric Rehabilitation Teams. The RIGEC program incorporated two related approaches to provide insight and understanding of actual teamwork processes: the Strengths Deployment Inventory (SDI) and Team Signatures Technology (TST). The SDI measured participants' motivational value system when things were going well and when there was conflict. They found the SDI assisted in understanding why in the early phase

of team development, some individuals get along better with some than with others. The TST looks at evaluating a team's changing dynamics. Their findings emphasize that improvements in team functioning are obtainable, however, the difficulty in defining and stabilizing a team within turbulent times must be recognized. The Rhode Island Geriatric Education Center suggests that the challenge for teamwork training exists in defining appropriate goals. Rather than team training being tied to the continued existence of a particular team, the knowledge, skills, and abilities that individuals develop as a result of team training can be utilized wherever they work. Individuals who have the skills to work cooperatively in teams are more valuable to organizations than individuals who simply have loyalty to a particular team. It is important to know how to work in teams for organizational goals, not just how to work in one's own particular team.

Training in teamwork is important to prepare interdisciplinary professionals to accomplish their goals more effectively (Tannenbaum, Salas, & Cannon-Bowers, 1996). It is important to be cognizant of individual attitudes towards working in interdisciplinary teams, particularly during times of turbulent change. A study exploring the attitudes of interdisciplinary professionals was carried out by Leipzig, Hyer, Ek, Wallenstein, Vezina, Fairchild, Cassel & Howe (2002) at various sites as part of the GITT initiative. The participants in their study included advanced practice nurses, social workers prepared at the Masters' level, and postgraduate internal medicine or family medicine residents. The study involved eight GITT training sites. Several variables common to teamwork were considered in developing the criteria for their surveys. These included: clear team goals, clear role expectations, a flexible decision-making process, the ability to establish open communication patterns and leadership, and the team's capacity for reflexivity. Results

indicated that participants from all three disciplines agreed that the team approach benefits patients and is a productive use of time. However, there were differences between the physician group and the other two disciplines regarding the primary purpose or goal of the team and who has the final word on team decisions. Physicians believed they should hold ultimate responsibility. Decisions about who had the overall say regarding patient care and the team's decisions was identified as a potential "Achilles heel" to effective interdisciplinary teamwork (Clark, 1997; Leipzig et al., 2002, p. 1141). These authors suggest that effective interdisciplinary teamwork must allow for shared decision-making. This is consistent with the work of Langan-Fox, Code, Gray, & Lanfield-Smith (2002) who state that an organization must "create an ongoing environment or culture of participation which is real to ordinary workers and not just held at a theoretical or administrative level" (p.75). Similarly Sewell (2001, p. 71) claimed that "ways of organizing that do not pay attention to workers' desires to form into teams, run the risk of being badly received and ineffective in operation.

Watson, Chemers & Preiser (2001) emphasize the importance of the team's collective belief in their capacity to do their job adequately, as significant to promote effectiveness. Collective efficacy is a group level construct that contributes to the effectiveness of teamwork. This construct must be understood as distinct from self-efficacy. Self-efficacy is an individual belief in one's own capability, while collective efficacy is the belief that the team, working together, can accomplish a goal. In the study by Watson and colleagues (2001) collective efficacy was indicated by a sense of group competency promoted by the team facilitator/leader through effective coordination, removing obstacles, and conveying a positive attitude about the team's ability. Their

study shows that collective efficacy is persistent over time and affects group performance.

Eby and Dobbins (1997) have shown that training and organizational development efforts can be aimed at impacting team members' expectations and efficacy beliefs. They recommend early interventions (if possible) to teach group process, communication, and cooperative skills to enhance self-efficacy for teamwork. They contend that it is possible to teach team skills that facilitate improved performance by educating team members on the importance of cooperation and accountability, both to themselves and to the team. May & Schwoerer (1994) have designed a model of teamwork effectiveness. They identify two major dimensions impacting team effectiveness—organizational context and team design.

While current research supports the advantages of providing specialized training opportunities to enhance ability to work on teams, the research is very limited in studies that address the needs of team facilitators or leaders to facilitate such training or ongoing teamwork. The following section reviews this research.

2.3.5 Team Leadership Training

Fichtner, Stout, Dove, and Lardon (2000) looked at improving leadership skills of the treatment team in several mental health centers. The specific goals included improving the team's treatment and discharge planning process to strengthen and improve the leadership role of psychiatry residents, and to establish a mechanism for on-going treatment team training system-wide. As well as psychiatry residents, the inter-disciplinary team members for this study included psychologists, social workers, nurses,

occupation therapists, recreational therapists, and rehabilitation therapists. The authors developed a tool called the SLATE (Scale for Leadership Assessment and Team Evaluation) to evaluate specific areas around leadership and collaborative authority of all team members with regard to their specific discipline contributions and the participant–rater's experience of working in the team. The program consisted of five full days of training and activity sessions. Using in-vivo simulated videotapes of patient care presentations added a significant dimension to the interdisciplinary treatment team's ability to reflect on its work. The training program was rated as very satisfactory as a way to promote opportunities for effective inter-disciplinary reflection, assessments, and collaborative learning for improvements. The results of the SLATE indicate that a significant role of the team leader is to facilitate team members' ability to learn about their treatment practices in order to improve these practices.

The role of leadership is crucial for effective interdisciplinary teamwork to occur (Decker, et al., 2001). Watson, Chemers, and Preiser (2001) claim that a basic requirement of leadership is to enable effective collective action. Harris and Barnes-Farrell (1997) found that leadership was rated by judges to be substantial in its contribution to the success of a team's outcomes. Some of the positive enabling qualities displayed by the leader included the ability to provide direction, structure, and support to team members. Fichtner and colleagues (2000) emphasized that one of the most significant roles of the leader was having the ability to foster a learning environment.

DeBono (1998) has suggested that the type of learning most conducive to team learning is non-linear. This approach promotes the notion of 'how to think' rather than 'what to think'. The rapid change in information and technology, coupled with the

complexity of patient/client situations the interdisciplinary team is likely to encounter, mandates that the leader/facilitator should enhance opportunities for learning 'how to think.'

Schon (1987; 1991) warns one to be mindful of the temptation to rely on recipes for learning. The work of Argyris and Schon (1991) is useful in articulating a model of learning to assist with distinguishing types of learning and the role of the facilitator/leader. This model is known as Model I and Model II Learning (Argyris & Schon, 1991). Model I Learning involves a theory of unilateral control over others, where action is designed to maintain four underlying values – achieving purposes, winning, suppressing negative feelings, and being rational. Model II Learning involves joint control and inquiry, with the underlying values of valid information, free and informed choice, and internal commitment. Strategies for Model II Learning include advocacy and inquiry, making reasoning explicit, confronting or challenging the 'recipe' or 'rules', and encouraging others to do the same (Putnam, 1991, p. 147).

Macneil (2001) argues that the function of facilitator as enabler of teamwork learning is crucial in today's rapid pace of change in technology and information. Macneil (2001) gives some useful strategies to enable supervisors to function as facilitators of teamwork learning. Availability of resources for training and workplace learning, the sharing of knowledge, supporting the notion of learning through mistakes, and allowing the team to establish its own learning goals are identified as ways to promote workplace learning (Macneil, 2001).

Style of leadership plays a significant role in how the team functions. The literature identified two kinds of leadership styles (Shackleton & Wale, 2000). The first

one is described as the transactional leader (Yammarino & Bass, 1990). The second style is known as the transformational style and this type focuses on influencing team members through vision and charisma (Yammarino & Bass, 1990). Transformational leaders motivate employees through an appealing vision of the future, and deal with individuals by developing, coaching, listening, and teaching (Shackleton & Wale, 2000). These authors suggest that interested leaders can learn which style they operate from and how to change to become more effective (if required). In the leadership training program developed by Fichtner and colleagues (2000), the approach to leadership development could be described as transformational with a focus on relationships.

Although the research on leadership training for teamwork is scant, the cited research emphasizes the importance of models of learning (Argyris & Schon, 1991), the importance of resource availability (MacNeil, 2001), the impact of styles of leadership (Yammarino & Bass, 1990) and strategies for changing one's leadership style (Fichtner et al., 2000).

2.3.6 Making Teamwork Matter

The goal of effective interdisciplinary teamwork in health care organizations is to deliver effective patient care. Determining the specific impact effective teamwork has on patient outcomes is complex. Unsworth & West (2000) have developed a model to assess whether or not a team will be effective. In their model, certain 'inputs' (task, team composition, organizational context, cultural context) and certain 'processes' (leadership, communication, decision-making, cohesiveness) will lead to a certain 'output'

(effectiveness) (p. 330). Their thesis is that addressing the 'inputs' has a significant effect on the processes and consequent outcomes.

In exploring the determinants of team design, a number of researchers have built on the research conducted by prominent others in the field (Bandura, 1986; Gist, Schwoerer, & Rosen, 1989) to describe elements that can be affected to promote team effectiveness. By understanding and affecting the elements that contribute to teamwork effectiveness, the chances of improving teamwork and subsequently patient outcomes increases. May and Schwoerer (1994) identify four elements. One key element is the individual team members' beliefs that they perform their jobs effectively. This belief develops through ongoing building of skills, coping abilities and knowledge. A second element, social modeling, involves team members learning from others on the team who serve as sources of information on how to perform specific tasks. Verbal encouragement, a third element contributing to effective teamwork, involves other team members or supervisors convincing members of their ability to do their job. May and Schwoerer (1994) include the interpretation of stress or anxiety as a fourth element. This involves assisting team members to learn from mistakes rather than perceive themselves as failures. They suggest these elements can lead to effective teamwork by influencing work-related behaviors such as how hard team members try; persistence in the face of setbacks; choice of appropriate job-related strategies; setting appropriate goals; and capability to manage stress. Understanding and influencing these four elements has been identified as a supervisory strategy to improve teamwork effectiveness (May & Schwoerer, 1994).

Five processes of teamwork have been identified, and similar to the elements of May and Schwoerer (1994), these processes influence effectiveness. These processes include: leadership, communication, decision-making, cohesiveness, and team climate. Communication includes verbal communication, body language, eye contact, and active listening (Burley-Allen, 1995). Cohesiveness, or the degree to which there is attraction and liking for the team as a whole, is likely to affect helping behaviors and will increase motivation to participate in the team (Campion et al., 1993). Team climate describes the atmosphere within the team, or 'the way things are done around here'. May and Schwoerer (1994) refer to a study by Piero, Gozales, & Ramos (1992) that involved 40 health care teams, where it was concluded that a good team climate, one where there is respect for rules, is positively related to job satisfaction.

2.4 Key Competencies to Facilitate Effective Teamwork

The research supports providing facilitators/leaders with the competencies required to facilitate effective teamwork as a key strategy in times of change in health care organizations (Clark, et al., 2002; Firth-Cozens, 1998; Richardson, et al., 1999). This focus on teamwork not only enhances employees' sense of control but improves patient outcomes as well.

Key competencies identified by the research include: cognizance of the impact of organizational context (Globerman, et al., 2003); focusing on facilitators/leaders (Fichtner, et al., 2000; Goleman, 1995; Shaman-Ellen & Leatt, 2002); coping with stress (Lazarus & Folkman, 1984); identifying learning styles (Argyris & Schon, 1991; Gordon, 1982; Keirsey & Bates, 1988; Schon, 1987); communication (Burley-Allen, 1995;

Barnes; Furnham, Pendelton & Manicom, 1981); conflict (Amason, 1996; Buzzagaglo & Wheelen, 1999; Harris & Barnes-Farrell, 1997; Jehn & Chatman, 2000); psychological safety and team learning (Edmondson, 1999, 1996); and collective efficacy (Campion, et al., 1993; Eby & Dobbins, 1997; Ruohomaki & Jaakola, 2002; Ryan, 1994; Sosik & Dong, 2002; Watson, et al., 2001).

2.4.1 Organizational Context

Organizational context and its relevance to teamwork has already been discussed thoroughly in the preceding sections. There is a body of research which identifies how the playing of games could be used as a method to explore and illustrate organizational context in a practical way. Games involve an element of risk and this can be likened to the concept of teamwork. Interest in the idea of game theory as a metaphor for teamwork in which individuals can learn to understand the circumstances in which it is beneficial to cooperate (be a team player), became the forum for understanding teamwork. Games can be viewed as similar to teamwork in that they both involve roles, goals, and activities that need to be performed, limitations on what can and cannot be done, and consequences or payoffs (Greenblat, 1987).

The notion of teams and games began to take shape as a relaxed and neutral way to introduce the concept that cooperation and teamwork can be learned or developed in individuals (team members). Further research led to the awareness that games have been a part of human society since pre-historic times (Schaefer & Reid, 2001). Schaefer and Reid (2001) have indicated that archeological and cross-cultural studies show that early game playing was directly related to adaptation and survival. Games are similar to

teamwork in that they both are goal directed, have rules that determine players' (members') roles, and set limits and expectations for behavior. Games can be described as mini-life situations that involve role conformity, acceptance of the basic norms of the group, and the controlling of aggression. According to Turocy and von Stengel (2001), game theory has been described as the formal study of decision-making where several players must make decisions that potentially affect the interests of other players. Schaefer and Reid (2001) claimed that games are analogous to models of power, where most games require a leader to be chosen and other players to follow the leader. For example, most sports teams have captains, and they are usually chosen because they have some leadership qualities.

One of the first studies the author became familiar with was by Ruohomaki and Jaakola (2002) who looked at teambuilding utilizing a board game called 'Teamwork Game Tool for Team Building'. A simulation board game was developed to increase the team members' skills to work in teams and to promote the team's functionality. The teamwork board game consists of a card game with essential teamwork themes such as: common goals, communication, group cohesion, fairness, autonomy, and leadership. Participants have to make choices between strategies to achieve certain objectives, implement those strategies, and experience the consequences of those choices. The game allows participants to be active learners who share and discuss concerns, and identify and solve problems in a structured way. The simulation board game provids the experience of developing interpersonal and group skills; communication skills; decision-making and problem solving skills; and the skills of critical reflection. The effects of the application of the Teamwork Game are noticeable on two levels: it created the opportunity for

increasing cooperation within teams; and it promotes concrete developmental activities to problem-solve particular areas. The success of the Teamwork Game has been transferred to over 90 Finnish organizations as a useful tool to facilitate team building in the workplace (Ruohomaki & Jaakola, 2002).

2.4.2 Learning Styles

Through the research and her own work experiences, the author discerned that different types of individuals participate in interdisciplinary teamwork from a variety of strengths and perspectives, both professional and personal. One of the goals in facilitating teamwork is to capitalize on differing strengths of individual members in order to provide effective patient care. Works by Kerisey and Bates (1988) on temperament, and by Gordon (1991) on learning styles were important to understand this key competency. Understanding temperament and learning styles is helpful for both the facilitator and the members of the interdisciplinary team. Strategies to complement or augment the effectiveness of learning new ways of working together and assisting team members learn new (different) standards of practice can be of value in the perpetual changing health care environment.

Awareness that individual staff members likely have different motivational levels and attitudes towards learning, and that not all members of the interdisciplinary team would welcome the opportunity to learn more, may assist facilitators to set realistic goals and timetables to best accomplish tasks (Heinemann, Schmitt, Farrell, & Brallier, 1999). For example, offering in-services over several weeks with choices of times is one method

to provide flexibility and choice for participants to determine their own agenda and schedule (Knowles, 1984.

In addition to individual learning and personality styles, professions and professional education influence how people learn, as well as what they want to learn (Pietroni, 1991). As health care teams are multidisciplinary, this author was curious about what impact professional affiliations may have on learning. Two studies explored perceptions as related to different occupations. As previously pointed out be Pietroni (1991) each health care profession has a distinct occupational culture. The differences in status, compensation and assumptions all lead to 'tribal groups' (p. 61). This creates a sense of belonging related to shared professional knowledge, skills, and abilities. However, this sense of belonging to a particular discipline may contribute to difficulties some health care professionals encounter as members of interdisciplinary teams in Program Management models. The students that participated in Pietroni's (1991) survey became aware of how stereotypes such as nurse as 'great mother', social worker as the 'scapegoat', and doctor as 'hero-warrior god', all influence the perceptions each group had of the others, and the assumptions they made about each other as practitioners.

A second study by Furnham, Pendleton, and Manicom (1981), looked at how various health professionals perceive themselves and compared these perceptions to how other disciplines perceive them. Their suggestions include the importance of training the various health related professionals not just about their own discipline's body of knowledge, but also to train them to have an awareness and appreciation of the other

health care disciplines, as they are likely to work together. They argue that this is imperative to decrease the simplistic stereotypes, the tendency for one profession to under-value another, and the hostility that may develop in cost-containment environments.

2.4.3 Understanding Stress and Coping

The need to recognize coping styles emerged from the research literature on organizational change and occupational stress. Restructuring in health care has created stressful environments on many fronts. Research on stress and coping (Carter & West, 1999; Denton, et al., 2002; Dowd & Bolus, 1998; Lazarus & Folkman, 1984; Onyett, Pillinger, &Muijen, 1997) demonstrates that not only does change have the potential to create stress for individual employees, but there are strategies that have the potential to reduce the degree of stress experienced. One possible strategy to reduce stress is to work as part of a well-defined team (Carter & West, 1999). Some of the factors identified as contributing to a well-defined team include: having clear team goals; supportive relationships between team members; recognition of the team as a distinct entity by the organization; and teamwork training Firth-Cozens, 1998).

As suggested by the following authors, different ways of coping and recognizing different stress reactions may provide facilitators with ways to recognize when team members are experiencing difficulties that may require intervention. Categories of stress reactions include affective (emotional), cognitive (thoughts), physical (symptoms), behavioral (actions), and motivational (Lazarus & Folkman, 1984; LeBlanc et al., 2000).

Gellis (2002) compared the coping strategies between two health care disciplines in a hospital setting. This study demonstrated that there were significant correlations between coping strategies, experience of occupational stress, and job satisfaction levels. Problem-focused coping strategies which utilize cognitive restructuring to change perceptions of stressors was found to be the most helpful strategy to assist individuals to alleviate job-related stress. Coping skills can be learned to assist individuals despite some ongoing stressors (Roskies, 1991). Problem-focused coping strategies develop the ability of individuals to learn more effective coping skills that can then be transferred to other situations. Given that changes in health care are continual (Dector, 2000), coping strategies that allow individuals to function adequately are important.

2.4.4 Communication

Many of the articles on teamwork identified communication as critical to effective teamwork. Unsworth and West (2000) called communication the 'glue' that binds a team together (p.338). While communication involves many elements, the skill of active listening emerged as vital (Burley-Allen, 1995; & McKay, Fanning & Davis, 1983). The shifting sands of health care are persistent, and change impacts individuals, teams, and organizations in a variety of ways. As the author continued to refine and develop her own reflective thinking techniques, listening skills seemed to be under-valued in the outcome driven work environment. As Schon (1987) has described, this was one of the 'swampy zones' (p.53).

Research on communication indicates that 40% of communication involves listening, talking is 35%, reading 16%, and writing only 9% (Burley-Allen, 1995). Much

of communication is non-verbal (Burley-Allen, 1995). Burley-Allen (1995) states that listening is the least understood communication function of all. Research on communication emphasizes that one must develop active listening skills to avoid unnecessary problems, hurt feelings, loss of important information, and lost opportunities to improve professional and personal relationships. McKay, Davis and Fanning (1983) also talk about active participation on the part of the listener as an often overlooked component of communication in the workplace.

Five styles of listening identified by Burley-Allen (1995) are: a) the faker who pretends to listen when their minds are somewhere else; b) the dependent who lives vicariously through the opinions and wishes of others; c) the interrupter who interrupts when others are talking because they are worried they'll forget what they want to say; d) the self-conscious who draw attention to themselves as participants when they should be involved with the content and meaning of the conversation; e) the intellectual or logical who hears only what they want to hear and tends to neglect emotional or non-verbal aspects of the talker's behavior. Levels of listening include the empathic level, the hearing-of-words-only level, and the tuning in and out level.

2.4.5 Leadership

Leadership was another characteristic identified in the literature as critically impacting the effectiveness of teams (Harris & Barnes-Farrell, 1997). Styles of leadership such as transformational or transactional are described as the two main contrasting ways to interact with employees. Whether one is outcome focused (transactional) or process focused (transformational) is the main distinguishing feature (Yammarino & Bass, 1990).

Transformational leaders are considered to be more successful in their roles as 'enablers' of teamwork because of their emphasis on the 'people' side of operations (Shackleton & Wale, 2000). They are aware of their 'emotional intelligence' (i.e., an ability to know and to regulate one's emotional response to personal interactions) (Goleman, 1995; Shamian-Ellen & Leatt, 2002) and can utilize themselves as 'enablers' of collective action and learning (Fichtner, et al., 2000).

Shamian-Ellen & Leatt (2002) developed a self-assessment rating tool to assist individuals evaluate their 'emotional-intelligence' in the workplace. Individuals rate themselves as high, medium or low in four basic areas: (a) Self Awareness - the ability to understand and recognize moods and emotions and their effects on others; (b) Self-Management - the ability to control or re-direct disruptive impulses and moods, - the ability to suspend judgment and to think before acting; (c) Social Awareness - the ability to understand the emotional make-up of people and skill in treating people according to their emotional reactions; (d) Social Skill - proficiency in managing relationships and building networks, and ability to find common ground and build rapport. Freshman and Rubino's (2002) components of emotional intelligence are similar: self-regulation; self-awareness; self-motivation; social awareness; and social skills.

The notion that leaders can utilize themselves as 'enablers' of collective action and learning was offered by Fichtner and colleagues (2000). Enabling the interdisciplinary team to learn and act collectively in times of rapid change is challenging.

2.4.6 Conflict Resolution

The literature has identified three types of team conflict that affect group outcomes (Amason, 1996; Jehn & Chatman, 2000). These include relationship conflict around personal and social issues (no connection to work); task conflict which involves disagreements about the work being done; and process conflict, where task strategy and delegation of duties and resources is the focus. Conflict is not always a detriment. One type of conflict, task-related conflict, has actually been identified as beneficial to team development (Amason, 1996; Jehn & Chatman, 2000). Increased discussions, debates and problem-solving approaches regarding tasks often result in better decisions and outcomes. Relationship conflict is the most destructive to teamwork as this type of conflict typically involves disputes about values and fairness. How individuals perceive the amount and type of conflict is also significant. If team members can identify and agree on the type of conflict (perceptual) and the amount of conflict (proportional), then team intervention, if required, is more likely to succeed (Jehn & Chatman, 2000). The literature also indicates that there is a stage in team development where conflict is not only necessary, but beneficial (Buzzaglo & Wheelan, 1999).

According to the Buzzaglo and Wheelan model of group development, in the first stage, group members are worried about fitting in and being accepted, so they defer to authority ('dependency and inclusion'). Conflict is actively avoided during this stage. Once individuals develop a sense of 'membership' in the group, a certain level of comfort develops, ('counter-dependency and fight' stage). People then feel entitled to disagree with other group members and assert their own view points. The conflict that begins in

this stage tends to be task and process-related. These conflicts are resolved in the third stage of group development ('mature negotiation'), so that by the fourth stage ('productivity'), the group is ready to do the work that is required of them. In a health care team, this work involves collaborating interdependently to provide the best patient-care possible (Firth-Cozens, 1998). Developing an awareness and appreciation of healthy conflict may assist facilitators as they work with interdisciplinary teams in times of change.

Providing feedback to fellow team members about task performance and other behaviours is one form of communication that may serve both to avoid potential conflicts and to resolve conflicts that have already developed. Bower & Bower (in National Crime Prevention Council, no date) have developed the DESC script as one structure for providing feedback, designed to assist with conflict resolution.. It involves specific steps to clarify any misunderstandings and potentially resolve or prevent conflict from becoming embedded in the team's interactions. The steps of the DESC Script require one person in the conflict to: **D**escribe what is happening in concrete behavioural terms; **E**xpress what the impact of that behaviour is; **S**pecify what needs to be done differently—again in specific behavioural terms; and finally, to clarify the **C**onsequences, or what will be achieved (stated in positive terms) if the changes are made. The strength of the DESC Script lies in the focus on specific behaviours rather than vague generalizations about character or personality traits. Addressing behaviour keeps the conflict in the realm of task conflict, and away from the more destructive relationship conflict. The simple steps make it more likely that conflicts will be addressed early, before they grow out of proportion.

2.4.7 Team Psychological Safety and Learning Behaviour

The ability to learn and relearn is crucial in times of change, not just for facilitators or individuals, but for the team as well (Fichtner, et.al., 2000). New reporting relationships, pressure to provide quality patient care in a fiscally constrained climate, new technology, and new standards of evidence-based practice challenge health care professionals to work from new models of practice (Dowd & Bolus, 1998; Globerman, et.al., 2003).

Amy Edmondson (1999) addresses how team learning occurs and relates to the climate or environment in which learning can best occur. She identifies the construct of psychological safety, where team members have a shared belief that interpersonal risk taking, seeking feedback, sharing mistakes and asking for help are 'ok', is required for team learning to occur (1999). Unless there is a climate of trust (psychological safety), individual team members may feel prevented from engaging in such risk-taking behaviors, even when doing so would provide benefits to themselves and to the team. An example from health care is the occurrence of a medication error. These errors have the potential for serious consequences to patients, and facilities through law suits. Nurses may be reluctant to report a medication error because of a fear that they will be reprimanded rather than supported to learn how to prevent a recurrence.

Creating an environment where teams can engage in learning behavior, despite possible negative consequences, requires an integrated perspective which includes context support (broad organizational support), team leader coaching (leader models and mentors), and shared beliefs by all team members that will shape team outcomes. As

Edmondson points out, team psychological safety is a prerequisite for team learning regardless of the type of team (Edmondson, 1996; 1999). She found that the most salient quality in hospital units that permit individuals to admit to errors, hence learn from them, was the perceived openness of the unit leaders (Edmondson, 1996). Team or unit leaders must develop and portray an attitude of openness and willingness to 'teach' not only 'supervise' in order to facilitate team psychological safety.

2.4.8 Collective Efficacy

Another component to effective teamwork that is related to team psychological safety is collective efficacy. Watson, Chemers, & Preiser (2000) define collective efficacy as the perception the team has regarding its capability to perform in a given situation. Eby & Dobbins (1997) studied 28 college basketball teams, and found that collective efficacy is present when there is a high level of within-team agreement about their capacity to perform successfully. The role of leadership was found to be critical in the early phases of the team's formation of collective efficacy. Team leader behaviors, such as coaching, modeling, and gentle persuasion, were identified as possible contributors to the development of collective efficacy.

Building on social identity theory, which focuses on the individual's sense of their competency to perform, the construct of collectivistic orientation is a significant contributor to a team's development of collective efficacy (Eby & Dobbins, 1997; Sosik & Dong, 2002; Wagner, 1995). An individual with a collectivistic orientation has a proclivity to cooperate in group endeavors. Teams composed of greater numbers of individuals with a collectivistic orientation are more likely to experience collective

efficacy, ('we can do this' vs. "I'll do my part and you had better do yours"). The composition of a team affects team performance by impacting on cooperative behaviors. Training within organizations can be designed to impact on team members' expectations and efficacy beliefs, moving them towards a more collectivistic orientation, thereby increasing team performance (Watson et al., 2001). Teaching team skills, and educating team members about the importance of cooperation, can facilitate effective team performance. Using low pressure, simulated situations such as 'games' is one method of teaching cooperative skills (Ruohomaki & Jaakola, 2002).

Group functioning and effectiveness is also impacted by the construct of 'group think' (Campion, et al., 1993; Janis, 1982). Group think, a phenomenon identified by psychologist Irving Janis, is characterized by a team engaging in the following behaviours: examining few alternatives, not seeking expert opinion, being highly selective in gathering information, and not being critical of each other's ideas (Janis, 1982). Group think commonly occurs in teams and has the potential to impede team efficacy. Symptoms of a team with group think include: having an illusion of invulnerability; rationalizing poor decisions; maintaining an illusion of unanimity; exercising direct pressure on others to comply or conform; not expressing true feelings; sharing stereotypes which guide decisions; belief in the group's morality; and using mind-guards to protect the group from negative information (Janis, 1982). While it is important for teams to develop a team identity and sense of collective efficacy, it is vital that a team remain open to outside information and feedback to avoid the pitfalls of insular thinking.

2.5 Teaching (Facilitating) / Learning Methods for Teams

The literature on promoting effective teamwork suggests that teamwork is a skill-set that can be learned, and that leaders/facilitators of teams have a responsibility to enable their team members to develop these skills (Macneil, 2001). How can a team leader learn the skills of effective teamwork and 'teach' them to others? In light of present health care reorganization, the demand on team leaders to learn and 'teach' is virtually simultaneous. Fortunately, two bodies of research on learning behaviour—reflective practice and principles of adult education—provide a context for learning and teaching together. Paulo Freire (1995) speaks of "teacher-students" and "student-teachers" and advises that adult learners bring knowledge and experience with them to a learning environment that everyone, including the 'teacher'/ leader, can benefit from.

The author was drawn early in her research to the writings of Argyris and Schon (1991) on learning behavior. The process of how people 'learn' is intriguing. The author believes that exploring how individuals learn will help facilitators achieve effective interdisciplinary teamwork while teaching 'new' approaches mandated by systems change. Often these 'new' approaches challenge what has been accepted practice for many years. Given that the changes in health care are varied and complex, learning behavior must be cultivated and nurtured. Understanding how individuals learn may help to facilitate understanding, acceptance and buy-in of new practices.

2.5.1 Reflective Learning

Reflective learning addresses the capacity to reflect on one's own work, critically and professionally (Firth-Cozens, 1998; Opie, 1996; West, 1999). Such capacity is integral to all kinds of professional practice (Schon, 1987; 1991). During health care reorganization, where professionals are assigned to interdisciplinary teams while discipline-specific departments are dissolved (Globerman et al., 1996), the ability of these professionals to deconstruct their practice and explore their abilities and capacities to work from other models and within new alliances is critical (Wood & Bandura, 1989). Wood and Bandura (1989) emphasize the importance of self-regulatory influences in complex organizations, particularly among leaders and decision-makers.

Reflexivity, or a capacity to evaluate and modify one's own work, has been approached in the literature with both recipes and models (Putnam, 1991; Gibbs, 1988). The objectives are to teach practitioners how to think with a purpose, and how to challenge true beliefs by applying the scientific method (Bulman, 2004). Because the process of reflective learning is necessary in practice, professionals are encouraged to learn this skill in the real world and "the swampy lowland" of practice (Schon, 1987, p.5). As stated by Schon, "it is not by technical problem solving that we convert problematic situations to well-formed problems; it is through naming and framing that technical problem solving becomes possible" (Schon, 1987, p.5). As Schon (1991) clearly states, the professional leader's "primary concern is to discover and help practitioners discover what they already understand and know how to do" (p.3).

2.5.2 Adult Learning Principles

Teaching adults is different from teaching children. (Bouchard, 2001; Miller & Rollnick, 2002). "Adult learning is the process of one person (the trainer) providing the opportunity for another person (the adult learner) to acquire knowledge and skills" (Goad, 1982, pp. 41-42). Goad (1982) identified six principles of adult learning. The first principle, informal environments work best (Goad, 1982), involves the notion that adults see themselves as capable of self direction and desire others to see themselves in the same way. To achieve this, a mutually respectful peer relationship must be present between the facilitator and participants (Knowles, 1984). The second principle Goad (1982) identifies is that adults relate learning to what they already know. Because adult learners bring a lifetime of experience to the learning process, approaches that utilize experiential learning are more effective than traditional teaching techniques, such as lectures (Knowles, 1984). The third principle, that problems and examples must be relevant (Goad, 1982), means that incorporating problem-centered approaches enhances the adult learner's view of learning as contributing to increased effectiveness in their respective roles, be they student, employee, spouse, or parent (Knowles, 1984). The fourth principle (Goad, 1982) is to check on participant-identified learning objectives. This entails the notion that adult learners need to be involved in evaluating their own progress regarding their learning goals and objectives. To this end, Knowles (1984) recommends avoiding implementing any type of grading system. The fifth principle is that adults want to be involved in their learning and simple demonstrations should be avoided (Goad, 1982). Relevant experience and participation are key. Adult learners tend to define who they are in terms of life experiences, thus Knowles (1984) suggests

that facilitators be sure to include and solicit feedback and input from participants. The sixth principle is that the facilitator/presenter must view him/herself as a change agent. This is accomplished by presenting information in an environment that is conducive to learning (Goad, 1982). It is vital for the facilitator to avoid projecting him/herself as the transmitter of knowledge, or 'the expert.' The facilitator must be seen as a participant learner, one who can also benefit from the adult learners' contributions and input. Learning must be viewed as a two way street (Knowles, 1984; Moore & Waldron, 1991).

One principle of adult learning is that adult learns best in a relaxed atmosphere, and must be self-directed (Goad, 1982). Another is that of making learning relevant to the experiences of the participants, using case studies where staff have familiarity working with those types of cases helps to engage staff in the learning process (Van Kavelaar, 1998).

Other adult learning principles, such as promoting learning by doing (involvement in case discussions) and relating the learning to what the adult learners already know (the range of diagnostic dilemmas encountered in the workplace) may be utilized to enhance potential for genuine learning and participation (Goad, 1982; Knowles, 1984). Brown's (2002) research demonstrates the use of 'portfolios' (formal reflective journals that demonstrate improvement and growth in practice) in enhancing reflexive action and thought with adult learners. Key to Brown's (2002) findings were that self-reflective strategies improve self knowledge, "recognition of the value of learning from work and from mentors and…improved communication and organizational skills" (p.234).

2.6 Summary

Working in interdisciplinary teams has become the prominent method of service delivery in health care systems undergoing organizational change however teamwork does not just happen (Carter & West, 1999; Firth-Cozens, 1998). Strategies to promote effective teamwork in times of change can be facilitated by team leaders with some enhancement of the knowledge, skills, and abilities of the key components and competencies that impact effective teamwork.

Various individuals (professionals) learn differently and this may impact their ability to adjust to new models of working and methods of service delivery (Kiersey & Bates, 1988; Gordon, 1982). How individuals cope with the stress and potential fear and anxiety experienced as a result of change impacts teamwork (Gellis, 2002; Lazarus & Folkman, 1984). Problem focused coping strategies have been shown to be most adaptive in today's current environment (Gellis, 2002).

'Active listening' is a key element of communication, the 'glue' that holds the team together (Burley-Allen, 1995). The potential for misunderstandings to occur may be minimized if members learn to 'pay attention' to each other. Research has shown that complex team dynamics cannot be immune from conflict, however, there are strategies to address conflict (both existing and potential) to prevent it from becoming endemic. One conflict resolution tool is the DESC Script (Bower & Bower, in National Crime Prevention Council, no date). Leadership as another important construct in the interdisciplinary team. Leaders are most effective when a transformational style was prominent (Yammarino & Bass, 1990). This leadership style enables the team to perform collectively through an environment of team learning (Fichtner, et al., 2000).

Psychological safety (Edmondson, 1999) has been shown to be a pre-requisite for team learning, regardless of the type of team. Collective efficacy (Eby & Dobbins, 1997; Watson et.al., 2001) has been shown to be critical for effective team functioning and team learning.

Research has indicated that teamwork has become the chosen method of service delivery within health care restructuring. Teamwork does not 'just happen'. There is a lot of research to illustrate that teamwork training can be beneficial, both in terms of client outcomes and in staff satisfaction (Clark, et al., 2002; Howe, et al., 2001; Richardson, et al., 1999). This training is also important to dispel many of the myths about other disciplines that professionals may bring to their practice (Pietroni, 1991). Authors from a variety of disciplines have contributed to the research on teamwork in health care. Edmondson (a pharmacist) conducted research on psychological safety and team learning (1999). Gellis (a social worker) researched the coping strategies between nurses and social workers in hospital settings (2002). Fearing, an occupational therapist, wrote of organizational restructuring in health care and what professionals might do to ensure their unique contributions in the different mix (2001). The leadership training program referenced for this practicum was developed by physicians (Fichtenr, et al., 2000).

Reflective learning (the capacity for practitioners to 'treat' themselves) has been supported in the literature as a necessary component in today's work environment (Brown, 2002; & Schon, 1987). A recent nursing text book is devoted to reflective practice (Bulman, 2004). The expectations that health care professionals continue to learn new standards of practice that are evidence-based provide the rationale for

incorporating reflexivity as a key component of professional practice. As practitioners, adult learning principles have been shown to be assistive in the dissemination of new information.

There is no doubt that the health care restructuring that has been occurring over the last decade has created challenges for all levels of the Winnipeg Regional Health Authority. As part of a national agenda, the WRHA also struggles to maintain and improve service quality in a climate of cost containment. The shift to program management and interdisciplinary teams has created new models of working, and in some cases, traditional reporting mechanisms have been dismantled and new ones continue to evolve. The author was challenged to create a method (Facilitator's Interdisciplinary Teamwork Training Workshop) that practitioners could utilize as one strategy to assist with the negotiating of new terrain as it unfolds. The process of developing the workshop will be described in the next chapter.

CHAPTER THREE

METHODOLOGY

3.1 Addressing the Topics – Conceptual to the Practical

The author began this practicum with an interest in learning more about facilitating and promoting effective teamwork among multi-disciplinary teams in health care settings. This interest stemmed from the author's own role as a leader of such a team. Through a review of the literature, as described in the previous chapter, eight topics or themes were distilled. These represent ongoing challenges faced by facilitators of interdisciplinary teamwork in times of change. The topics include but are not limited to: organizational context and change, (what is going on in terms of program management and how does this impact the interdisciplinary team that is accountable to internal and external stakeholders); learning styles (how will the members of the interdisciplinary team adapt and adjust to 'new' expectations and learning new standards of practice); stress and coping (what will the impact be on the interdisciplinary team members and how will this be manifested); communication (how will information be communicated and received); conflict (how will team members perceive and adjust to potential conflict over roles, goals, leadership, etc.); leadership (how will the interdisciplinary team tasks be accomplished, and under whose supervision/direction); psychological safety and team learning (how will the environment for team learning be created and facilitated in this climate of increased accountability and transparency); and, collective efficacy (how can the interdisciplinary team be supported to achieve its goal of quality patient care in times of cost containment).

The process of creating straight forward learning points for each topic that would be brief and pertinent to the participants' learning needs occurred through a process of refining and collapsing relevant material in a manner that would be interesting (Mager, 1975). These learning points were amplified through the introduction of various interactive exercises, self-administered surveys and the use of games, videos, and peer discussion. All of the information was supported in the literature and the author utilized the literature in a reflective thinking model as a Patient Care Team Manager in a health care setting.

Once these topics were identified and the author had begun to make use of the information to improve her own practice through reflective learning, the process of moving from the conceptual to the practical was underway. The author's intent was to share the knowledge with others—to develop a model for sharing the knowledge, skills and abilities related to the eight identified themes with other supervisors of multi-disciplinary teams.

The original intent of the author was to create a series of educational sessions for a group of supervisors. The sessions would be offered over an eight week period, with the group meeting for two and one half to three hours per week to explore each of the eight themes. Each session would include suggestions for self-reflection regarding how the themes pertained to group members' individual practices. The individual participants would grow and develop into a group during the eight-week period, providing support to one another as they reflected on their own work. This would simulate the concept of developing a 'team identity'.

In addition to sharing research information, encouraging reflective learning and simulating the experience of 'team identity' building through group participation, the author hoped to provide participants with some practical tools to assist them to facilitate teamwork. With these goals in mind, the author set out to develop the educational sessions.

Eventually, a workshop format evolved as a result of both formal and informal processes. The formal processes used to learn about workshop development included consultation with a professional workshop facilitator and study of materials related to workshop development that were recommended by this professional. While an in-depth review of literature related to workshop development and delivery could have been useful, the author did not undertake such a review. Instead, the author chose a process of on-going consultation to learn this skill set. The informal processes involved in developing the workshop for this practicum included the on-going integration of the author's reflective thinking techniques and work experience (as a Patient Care Team Manager in the health care field). In addition, the anecdotal and informal discussions with peers during the past years cannot be underestimated in terms of the subtle influence these may have played as the workshop evolved.

3.2 Workshop Development Through Consultation

The author solicited the assistance of a professional workshop developer and facilitator. This professional has a Master of Social Work degree and 14 years of experience as a clinician in the field of mental health, in addition to seven years experience developing and delivering workshops, professional development seminars,

and continuing education courses for health care and social service providers, students, managers and supervisors, and the general public. The author met with this consultant almost weekly for about one year to develop the workshop, and in the process learn the skills of workshop development, that was eventually delivered as part of the practicum requirement.

3.2.1 Themes to Topics

The author initially approached the consultant with about ten different themes of interest from the literature review. The consultant asked the author to talk about each theme and explain why it interested the author. The consultant posed questions that encouraged the author to reflect back to her own practice to identify why those particular themes resonated. Through these discussions, the ten or so themes were combined and distilled into the eight themes that then became the topics for each of the eight sessions originally envisioned.

An order for presenting these topics also emerged from the initial discussions as the consultant used probing questions to elicit from the author her view on how the themes related to one another and how the recommendations of one theme built on the premises of other themes. As the author described how she had tried to apply the concepts to her own practice, such reflections further informed the selection and ordering process.

The author's reflections on personal application of concepts into practice was the beginning of identification of practical information to present, based on theories and research studies described in the literature. This involved the blending of theory and research with experience.

3.3.2 Learning Objectives

As discussions continued, the consultant encouraged the author to identify important point under each topic area that could be emphasized. These were usually main concepts identified by the researchers in the original articles, but in some cases the author chose to focus on only one aspect of a theme, such as when the author chose active listening as the key concept from the theme of communication. Both the literature and reflection on the author's own practice experience, combined with the consultant's expertise, informed the process of identification of major points for each topic.

From these major teaching points, which would be used to form the basis of lecture notes, the consultant assisted the author to develop learning objectives for each topic area. The author consulted materials suggested by the consultant and the practicum advisor in this endeavor (Van Kavelaar, 1998; Mager, 1975). (See the instructional design later in this chapter for the individual learning objectives that were identified.)

3.2.3 Methods of Instruction

The author shared with the consultant her wish to use adult learning principles, as identified in the literature review, to make the sessions engaging for the participants. The author identified a desire to use ice-breaker exercises to informally introduce topics, after

reflecting that this is a method the author appreciates when attending work-related seminars. The author located two or three exercises for each topic by consulting several sources for teaching aids (Baron, 1998; Forbes-Greene, 1980; Pfeiffer & Jones, 1972-1974; Pike, 1994; & Titcomb, 1994). The consultant then assisted the author to select the most appropriate activity by encouraging consideration of the time requirements of the activity; the relationship to learning objectives; the complexity of the activity; and similarity/variety of activities across topic areas. Another vital consideration was the availability of the activity in the public domain (i.e., non-copyrighted).

In addition to lectures and introductory activities, the consultant encouraged the author to find or create other presentation methods that would stimulate participant interactions and reflective thought. The author identified, from her review of the literature, case discussions, questionnaires with scored results (such as the Kiersey Temperament Sorter, 1984), and videos as methods to use. The author then consulted a variety of people and resources for suggestions for videos and questionnaires to use. The consultant again assisted the author to make selections using the same criteria used for selecting the icebreakers. These teaching methods could be more complex and time consuming as their purpose was to teach and encourage reflection, not only introduce topics.

The consultant reminded the author of one article from the literature review that the author had expressed great enthusiasm for initially—the Ruohomaki and Jaakola (2002) study that used a game to teach teamwork skills. The consultant suggested a game could be used in the first and final sessions to introduce and reinforce teamwork principles, and to serve as a metaphor that could be referred to throughout the training

sessions to provide continuity. The author consulted catalogues of management development resources which carry games designed for work teams. In the end, however, the author chose to use a cooperative game designed for players aged ten to adult, (Deacove, 1996) instead. The cooperative game was easily available, less costly, and still illustrated the necessary aspects of effective teamwork in a fun, no pressure manner.

The inclusion of the topic on learning styles and temperament and how to complement and maximize the strengths that different individuals and different disciplines bring to a team was intended to help participants recognize (both in themselves and the team members with whom they work) their own stereotypes and how these may be averted/corrected to enhance the effectiveness of the multidisciplinary team. Participants were given the opportunity to reflect on their own temperament and learning style through a self administered survey, the Keirsey Temperament Sorter (Keirsey & Bates, 1988). Participants also had the opportunity to look at two different teams composed of health care professionals with various temperament types to see where the strengths/opportunities for each team lay. The team compositions were drawn from categorizations of personality types and professions from Baron (1998). The notion of different disciplines as complementary (rather than threatening) was explored. (See Appendix A for Keirsey Temperament Sorter survey.)

The Stress and Coping Model (Folkman & Lazarus, 1991, p.214) was explained to participants and then they were given the opportunity to consider ways of coping through an interactive exercise called the 'Walking Gallery' (Southworth, 2004). This exercise involved the five different ways of coping (i.e. affective, motivational, physical,

behavioral, and cognitive) posted on five different pieces of flipchart paper (LeBlanc et al., 2000, p.156). Participants were asked to brainstorm examples of behaviors, actions, and/or attitudes that may be illustrative of each style. The goal was to have participants explore and identify the potential behaviours they might encounter when employees demonstrate difficulty coping.

A portion of the video 'The Joy Of Stress' by Loretta LaRoche (1995) was chosen for workshop participants to view. This video was chosen because of the way LaRoche emphasizes that individuals have a choice in how they perceive and cope with their work (and/or life) situation. The author emphasized humour to stimulate enthusiasm for the topic.

The author decided to assist participants to explore their own strengths/weaknesses as listeners through self-administered surveys. The two self-scored surveys were chosen to develop awareness of one's style of listening, and level of listening (Burley-Allen, 1995). Participants were asked to consider how their skill at active listening impacted their performance as facilitators of interdisciplinary teamwork. (See Appendix B for communication survey tool.)

The author chose to encourage participants to explore their leadership style through a self-administered survey designed to identify to what extent they are transformational or transactional in their leadership style. (See Appendix C for leadership survey tool.)

The author chose a demonstration to illustrate how conflict can be seen as a positive motivator for change (Titcomb, 1994). Three beakers are filled with water. The first one has salt added and shows how the ingredients dissolve and something new is

created which adds a little spice. The second beaker has sugar added and again, the two parts combine and add something sweet (collaboration). The third beaker has marbles added to it, and this shows how some types of conflict cannot be resolved – no amount of stirring makes the marbles disappear. What does one do with the insoluble conflict? One can accept and stop trying to force opinions, views, or values onto others. Alternately, one could decide to focus their energy into something else, perhaps changing their reactions to people and situations.

This author's reflective thought about her own reluctance, along with discussions with colleagues, revealed the importance and difficulty of providing feedback to staff regarding conflicts, and provided the impetus to search for a conflict resolution model that focused on how to provide feedback. The author came across a simple framework involving a four-step process that individual team members can learn to use as a guide for providing feedback to each other. This exercise was chosen as a way to enable participants to explore whether or not the task of getting in touch with sources and possible ways to resolve conflict can be facilitated. The framework selected and practiced through the use of a written case-study and small group work was the DESC Script (Bower & Bower, in National Crime Prevention Council, no date).

In the workshop, participants were given an exercise to encourage exploration of whom they trust, and why. This activity, called the "Whom do you trust?" questionnaire involved identifying individual qualities that promote trust (Pfeiffer & Jones, 1972a). This exercise was selected as a means for participants to identify the qualities that they perceive to enhance trust, and then to reflect on which of these qualities they communicate to their staff, and which may require more effort on their part.

The author selected to show a segment of the film 'Group Think' to encourage reflection on the possible ramifications of the phenomenon of 'group think' (Mihal, 1991). The film segment re-enacted group decisions leading up to the failure of the Challenger Space Shuttle in 1986, and questioned whether or not 'group think' contributed to the negative results. Participants were encouraged to think about their own teams and whether or not 'group think' is a feature. Teams where 'group think' is a phenomenon may experience greater difficulty with change as a result of their tendency to believe in their own invulnerability and avoid expert opinion (Janis, 1982; West, 1996).

3.2.4 Instructional Design

With the topics, main teaching points for lectures, learning objective, and instructional activities selected or created, the next task was to put all these pieces together into a formalized instructional package. The intent was to use an icebreaker to introduce each topic; provide a brief lecture or video clip to cover the main points; use another teaching method to encourage participant interaction (case studies, guided discussions, games); and encourage self-reflection (scored questionnaires, reflective questions for homework). As the instructional methods were formalized, the consultant taught the author to think about participant requirements for breaks; when are best times for lectures and interactive activities; and how much and what kind of written material assists learning. The author developed visual aids and supportive handouts during this phase of development. The author also became acquainted with various forms of audio-

visual technologies available and selected to use a PowerPoint™ presentation with LCD projection.

It was during formalization of the instructional design that the consultant first raised serious questions about the practicality of recruiting and retaining a group of busy health care professionals over an eight-week period for a non-credit course that would require people to give up 2 ½ to 3 hours of their evening once per week. While the design continued to develop under this premise, the author began to have her own doubts about the practicality of the design, and began to consult her potential participant pool.

3.2.5 Condensing the Design

The decision was made, based on practical considerations of potential participants (described in the Introduction), to condense the educational sessions from eight 2 ½ to 3 hour sessions (24 hours over 8 weeks), into a two-day workshop (12 hours with 10 days between day one and day two). Altering the design to meet the practical needs of supervisors of multi-disciplinary teams in health care was still well within the original intent of this author—to share the knowledge, skills and abilities from research-based literature in a practical way, with colleagues.

The consultant assisted the author to determine what could be eliminated without compromising the integrity of the learning objectives. Several introductory icebreaker activities were eliminated. Others were moved to take pace at times when energizers are most needed—early morning, after breaks, and after lunch. A decision was made to end day one on an energetic, upbeat note with a video about using humour to deal with workplace stress (Laroche, 1995). This meant that only three out of the eight topics were

covered on Day One of the workshop. Communication was the fourth topic. It was decided that most people would already have a solid background knowledge in the basics of communication theory, so this topic could be further condensed. Participants would be assigned a take-home reading and a questionnaire to complete between the two sessions of the workshop. The questionnaire and particular information about active listening would be reviewed on the morning of the second day. This would encourage reflective thought about communication skills during the ten-day break. Time allocations for interactive learning activities were reduced, and repetitions of activities, originally designed to reinforce learning, were eliminated. Large group summations of small group activities were altered to include reflection questions, in place or requests to reflect on topics between each session. Plans to play the game a second time at the conclusion of the workshop as part of the summary were dropped.

These changes in the design reflected a shift from an experiential, educational group to a professional development seminar. The following pages contain the Instructional Design for the workshop that was delivered.

3.2.6 Workshop Instructional Design

DAY ONE

Time	Activity	Materials
(10 min)	**Introduction of Workshop Series** 1. Intro facilitator 2. Provide explanation of how workshop came about i.e.: MSW project 3. General overview of themes of all sessions 4. Overview of structure of workshops, i.e.: Brief Lectures, individual & group activities, fun! 5. Orientation to physical structure of facility, i.e.: washrooms, fire exits, coffee breaks, etc. ***Key Learning Points***: • To familiarize group with process and reduce anxiety levels	– Laptop, LCD projector & screen – overhead of agenda – handouts of agenda – Name tags
(10 min)	**Introduction of Participants** 1. Ask participants to identify name, occupation, job description, supervisory experience and why they are interested in this workshop ***Key Learning Points***: • To get to know one another	
	ORGANIZATIONAL CONTEXT	
(5 min)	**Introduction of Organizational Context** ***Purpose:*** to identify concepts related to work of managers/leaders of interdisciplinary teams within the context of change **Learning Objectives** • To identify one approach currently used for cooperative work • To name four common themes of cooperative work	– Overheads
(10 min)	**Large Group Activity--Board Game "Our Town"** **Brief Lecture on Game Theory** 1. Games are behaviour that is goal directed 2. Games have rules that determine player's roles 3. Games set limits & expectations for behaviour	– Handout of instructions for game "Our Town"
(90 min)	**Large Group Activity** Play the game "Our Town"	– Board Game "Our Town – Instructions for each player

Time	Activity	Materials
(15 min)	**BREAK**	– Coffee, juice & muffins
(30 min)	**Large Group Discussion** 1. Summarize the game, pulling out themes that correspond to future workshop topics 2. Compare and contrast decision making process from individual perspective and group perspective	
(5 min)	**Evaluation**	– Evaluation CSQ-8
(45 min)	**LUNCH BREAK**	
	LEARNING STYLES	
(10 min)	**Introduction to Learning Styles** ***Purpose:*** to understand how to maximize a team's strengths by incorporating differing personal and professional approaches.	- Overheads
(5 min)	***Icebreaker Exercise:*** 1. Have each participants take 3 items from briefcase, pocket or wallet/purse and put in bag 2. Ask each person to speak about each object and explain what that object says about them as an individual ***Key Learning Point***: • To have people appreciate how we are different, unique individuals	- Paper bags
(5 min)	**Learning Objectives** • To identify the four different learning styles and types of the Kiersey Temperament Sorter • To identify individual learning styles and personality type and how these contribute to work style • To identify ways personal and professional differences can enhance a team's productivity	– Overheads
	Brainstorming Activity 1. Write the word "Different" on flipchart paper 2. Ask participants to identify what comes to mind when they see this word ***Key Learning Point:*** • To dispel the assumption that "different" equals bad or "less than"	– Flip chart and markers

Time	Activity	Materials
(15 min)	**Individual Activity—Kiersey Temperament Sorter** ***Purpose:*** To create awareness of different personality types and characteristics/behaviours 1. Handout copies of the Kiersey Temperament Sorter to each participant 2. Have them complete and score these individually	- Keirsey Temperament Sorter - Scoring key
(10 min)	**Brief Lecture** 1. How type influences individuals, occupations and team functioning 2. By the time people graduate from professional schools they already have an occupational "culture" that also influences behaviour and temperament at work ***Key Learning Points:*** • Individual personality traits may influence choice of profession/occupation • This may contribute to stereotypes of individual professions	- Overheads - Handout of 16 types
(15 min)	**Small Group Activity--Teamwork Analysis Exercise** ***Purpose:*** to have participants identify strengths and limitations of particular team compositions, based on personality 1. Handout temperament charts that have 2 different multi-disciplinary teams charted by personality 2. Ask groups to discuss what might be the strengths of each team, what might be the limitations 3. Ask participants to identify what might be the challenge of leading each of the two teams ***Key Learning Points:*** • Different people and types bring different strengths to the team • How personality types work together helps to increase effectiveness of team	- Occupation-based team chart - Analysis questions
(10 min)	**Large Group Discussion** 1. Considerations a team leader must take into account when building a team or adding new members	- Handout of team leader personality types
(5 min)	**Evaluation**	- Evaluation CSQ-8
(15 min)	**BREAK**	- Coffee, juice & cookies

Time	Activity	Materials
	COPING, CHANGE & STRESS	
(5 min)	**Introduction to Coping** ***Purpose:*** to develop an awareness of the potential impact differing styles of coping with stress may have on workplace settings, particularly on team goal setting and team task performance **Learning Objectives** • To identify the five stress coping styles • To identify three potential conflicts that can impact team functioning when individuals use different coping styles • To identify personal coping styles	- Overheads
(10 min)	**Brief Lecture on Emotions & Coping** 1. Transactional Stress Model Emotional coping Problem focused coping 2. Review study of nurses & social workers Tie in personalities and training 3. 5 stress reactions Affective Cognitive Physical Behaviour Motivational ***Key Learning Points:*** • People see/perceive things differently • How you perceive affects how you respond • Sometimes we're under pressure to respond before we are ready • Some individuals react differently to stress	- Overheads
(10 min)	**Small Group Exercise--Walking Gallery** 1. Place 5 flipcharts around the room, each labeled with one of the five stress reactions (affective, cognitive, physical, behaviour and motivation) 2. divide participants into 5 groups 3. have each group begin at a different flipchart 4. ask groups to brainstorm what behaviours/symptoms they might see if a team member was reacting to stress in that manner and list on flipchart (allow 2 min) 5. Have groups rotate to next chart and add to list created by previous group (allow 1 ½ min) 6. continue to rotate in this manner until all groups have responded to all five charts	- 5 Flipcharts - Markers - Kitchen timer

Time	Activity	Materials
(15 min)	**Large Group Discussion** 1. Have participants reflect on the types of behaviours they have previously witnessed in team members and consider whether these might have been related to stress 2. Identify what impact this new recognition may have on their future actions as team leaders ***Key Learning Points:*** • Different ways of coping with differing impacts • New coping patterns can be learned • Different coping strategies in teams can be complementary • Team leaders are responsible for identifying unhelpful coping and with assisting individual employees to develop better strategies	
(15 min)	**Video Presentation--Joy of Stress** ***Purpose:*** to end the session on a humourous, positive note ***Key Learning Point:*** Even serious and stressful issues can be approached from a different perspective that brings balance (e.g., humour, alternate perceptions)	– Video cued to section about what attitudes people bring to work – VCR & TV
(5 min)	**Evaluation & Homework**	– Evaluation CSQ-8 – Effective Communication Survey

DAY TWO

Time	Activity	Materials
(10 min)	**Review of Day One** ***Purpose:*** to refresh participants memories and to answer any questions that may have arisen about the material/concepts presented on Day One 1. List topics covered on Day One 2. Ask participants what one piece of information from Day One they found the most useful or interesting 3. Ask participants if they require clarification on any subject	– Laptop, LCD projector & screen
	COMMUNICATION	
(5 min)	**Introduction to Communication** ***Purpose:*** to understand the critical role of active listening in communication. **Learning Objectives** • To identify the five listening styles • To identify which level of listening is most effective for teamwork.	– Overheads
(10 min)	**Brief Lecture** 1. Styles of Listening Faker Dependent listener Interrupter Self-conscious listener Intellectual/logical 2. Levels of Listening Listening in spurts Hearing words but not really listening Emphatic listening ***Key Learning Points:*** • Neutral vs. emotional communication Listening & coping styles • How we listen depends on: Personality Type of Information Past Experience/training Time & other responsibilities	– Overheads – Porche & brick wall diagrams

Time	Activity	Materials
(10 min)	**Individual Activity--Effective Communication Survey** 1. Distribute scoring key to Communication Survey that participants had completed between sessions and have them score individually **Large Group Discussion** 1. Review of results 2. Have participants identify (if they are willing) any areas of listening that they may want to improve on 3. Discuss what barriers there are in the work setting that prevent team leaders from actively listening to staff	– Scoring Key
(5 min)	**Evaluation**	– Evaluation CSQ-8
	LEADERSHIP	
(5 min)	**Introduction to Leadership** ***Purpose:*** Participants will develop an awareness of leadership styles and how they provide structure, direction and support to team members. **Learning Objectives** • To understand the importance of positive enabling • To identify two styles of leadership and the strengths and limitations of each	– Overheads
(5 min)	**Energizer/Warm-up Exercise—Leadership Quotes** 1. Select 4 quotes about leadership from various sources and write on flipchart papers and post around the room 2. Read each quote and have the large group discuss their reactions and compare reactions across quotes 3. Pose the questions: "What is the best way to engage in group process?" "How can you help this to happen as team leaders?"	– Flipchart pages with leadership quotes
(10 min)	**Individual Activity--Leadership Survey** ***Purpose:*** For participants to identify which of the two leadership styles they tend to follow. 1. Distribute copies of the survey to each participant. 2. Have them complete the survey individually and score it. 3. Discuss in general terms how to interpret the results ***Key Learning Point:*** • Everyone uses a blend of leadership styles, and it is possible to enhance one style over another.	– Survey – Scoring Key

Time	Activity	Materials
(10 min)	**Brief Lecture--Leadership Styles** ***Purpose:*** for participants to become aware of how their leadership style impacts on the ability of team members to learn and perform. 1. Leadership styles transformational transactional 2. Emotional Intelligence self regulation self awareness self motivation social awareness social skills ***Key Learning Points:*** • The transformational leadership style is considered the most effective in today's complex teamwork environments, including emotional intelligence. • The skills of transformational leadership can be learned, they are not innate.	– Overheads – Handout on The Components of Emotional Intelligence at Work
(5 min)	**Evaluation**	– Evaluation CSQ-8
(15 min)	**BREAK**	– Coffee, juice & muffins
	DEALING WITH CONFLICT	
(5 min)	**Introduction to Conflict** ***Purpose:*** to learn a five-step method for dealing with or managing team conflict. ***Learning Objectives*** • To be aware of the five stages of group development • To gain familiarity with using the DESC Script • To become familiar with the terms proportional conflict and perceptual conflict	– Overhead
(5 min)	**Demonstration** 1. mix sugar into water to demonstrate that some conflicts are 'soluble'—the two viewpoints combine into something new, keeping the best of both. Some conflicts are sweet because they are easily resolved through collaboration. 2. mix salt into water to demonstrate that some conflicts add spice to life. They are a little harder and take more effort to resolve. In time, they may reappear as 2 separate parts. We may have to return later and work at them again to keep them soluble. 3. Add glass marbles to water to demonstrate that some conflicts cannot be resolved. They must be understood, appreciated and accepted. Difference is okay. 4. Give each participant a marble as a reminder of this concept.	– 3 Plastic beakers – Water – Salt – Sugar – Marbles – Stir sticks

Time	Activity	Materials
(5 min)	**Brief Lecture--Group Development Theory** 1. Dependency & inclusion 2. Counter-dependency & fight 3. Mature negotiations 4. Productivity realized 5. Termination (not all groups reach this stage) ***Key Learning Point:*** • Not all conflict is bad. There are times in team development when conflict is necessary.	– Overheads
(15 min)	**Brief Lecture--Conflict** 1. 3 types of team conflict relationship task process 2. 2 ways of understanding team conflict proportional perceptual 3. 5 Principles of Conflict Resolution control yourself conceptualize the issues listen express what is happening provide feedback to team ***Key Learning Points:*** • individuals may perpetuate some types of conflict (relationship) and this can be toxic • team leaders must be aware of types of conflicts in order to know how to address them	– Overheads
(10 min)	**Brief Lecture--DESC Script** ***Purpose:*** to provide participants with a concrete, simple format to begin to address conflict in their teams. 1. Describe the behaviour 2. Express what needs to be different 3. Specify what new behaviours are needed 4. list Consequences of change (in positive way) ***Key Learning Points:*** – sometimes conflict goes unaddressed in groups because individuals do not know how to address it – focusing on behaviours keeps the conflict in the realm of task, not relationship, and is therefore more productive.	– Overhead
(10 min)	**Individual Activity—DESC Script** ***Purpose:*** to practice implementing DESC Script in practical situations 1. Give each participant the same case study 2. Have them develop their own DESC Script to address the conflict, as if they were the supervisor in the situation.	– Prepared case study

Time	Activity	Materials
(10 min)	**Small Group Activity** 1. Break into groups of 3 2. Using individually prepared DESC Scripts, create one that combines the best elements of all three—one that would be easy for the person receiving the feedback to listen to, hear and react to in a productive way 3. Continue to work on scripts until they feel comfortable 4. Reconvene in large group and discuss the process and the difficulties of giving feedback ***Key Learning Point:*** • simple, structured formats for providing feedback may help to ensure that feedback is given in a timely, effective manner that may prevent development and/or escalation of conflict.	– Individually created DESC Scripts for case study
(5 min)	**Closure & Evaluation**	Evaluation CSQ-8
(60 min)	**LUNCH BREAK**	
	PSYCHOLOGICAL SAFETY & TEAM LEARNING	
(5 min)	**Introduction of Psychological Safety & Team Learning** ***Purpose:*** to become familiar with the concept known as psychological safety and its role in the team's ability to learn. ***Learning Objectives*** • to identify the components of the team learning model • to list behaviours identified as risk taking	– Overheads
(10 min)	**Individual Activity--Whom do you trust?** Purpose: to examine the reasons they have for trusting people. 1. Ask participants to write names of 5 people they trust. 2. Ask them to list, beside each name, the reasons they have for trusting that person. **Large Group Discussion** 1. Define Trust 2. How do you develop trust? Actions that promote & inhibit trust	– Whiteboard – Markers
(15 min)	**Brief Lecture--Psychological Safety** 1. Present model of work team learning 2. Define psychological safety 3. Climate of trust ***Key Learning Points***: • Need trust to feel safe • Need to feel safe to learn	– Overhead – Handout of Model of Team Learning

Time	Activity	Materials
(10 min)	**Brief Lecture—Leader Characteristics that Promote a Learning Environment** 1. Factors team leaders can influence coaching behaviour flexibility critical analysis and reflection perception that leader is open	– Overheads
(10 min)	**Large Group Discussion** 1. Ask participants how comfortable they are when errors occur in their area of responsibility? 2. Ask how they usually deal with these errors. 3. Facilitate discussion of concrete ways they can facilitate team psychological safety to help deal with errors in the future and facilitate learning	– Flipcharts & markers
(5 min)	**Evaluation**	– CSQ-8
(15 min)	**BREAK**	– Coffee, juice & cookies
	COLLECTIVE EFFICACY	
(5 min)	**Introduction of Collective Efficacy** ***Purpose***: to become familiar with the concepts of collective efficacy and collectivistic orientation and how these may contribute to the effectiveness of team performance. ***Learning Objectives*** • To distinguish collective efficacy from self-efficacy • To define the concept of collectivistic orientation • To identify effects each of above have on teamwork • To become familiar with the concept of 'Group Think'	– Overheads
(20 min)	**Brief Lecture--Collective Efficacy** 1. Differentiate between collective and self-efficacy 2. How collectivistic orientation contributes to collective efficacy and identity as a team 3. Relate back to original definition of 'team' ***Key Learning Points:*** • Summarizes all of the info from previous sessions	– Overheads

Time	Activity	Materials
(10 min)	**Large Group Discussion** 1. Ask participants to reflect back on playing the game "Our Town" in Session One 2. Ask them if they think they would play the game differently, and interact with fellow players differently, now, after being exposed to the concepts presented during the workshop ***Key Learning Points:*** • Did information from sessions assist with the playing of a cooperative game?	
(15 min)	**Video Presentation—"Group Think" and Large Group Discussion** ***Purpose:*** To demonstrate one of the potential pitfalls of promoting the idea of "Team" above all others. 1. Show the portion of the video which demonstrates the results of "group think' on the space shuttle 'Challenger' disaster. 2. Identify the 8 symptoms of "Group Think" 3. Identify what team leaders can do to prevent "Group Think" foster open climate for discussion avoid insulating the group from outside criticism assign everyone the role of critical evaluator avoid being too directive or exerting undue pressure upon the group ***Key Learning Point:*** • We need to strike a balance between interdisciplinary teamwork that is collaborative, but not insular	– Video "Group Think" pre-cued to correct section – VCR and TV
(15 min)	**Closure & Evaluation** 1. invite participants to contact facilitator after workshop by e-mail, phone or in person if they wanted any further information.	– CSQ-8 – Final Evaluation – Handout of Article on Teamwork

Note: On both days the author set up a resource table for participants to browse, filled with practical articles, books and videos that the author had found that related to the topics covered.

3.3 Implementation

With the workshop design set, the process moved to practical implementation considerations. A number of tasks had to be completed before the author could deliver the workshop as designed above. These tasks included: seeking approval from the Ethics Committee at the University of Manitoba; recruiting participants for the workshop; seeking authorization from the author's employer to hold the workshop at the worksite; and securing a location to hold the workshop. These tasks are described below.

3.3.1 Ethics Approval

The project received University of Manitoba ethics approval (See Appendix D). The participants were asked to complete a Consent Form when they registered for the workshop when they arrived for the workshop (See Appendix E).

3.3.2 Recruitment Process

The recruitment process time frame was three months, from mid October 2004 to mid January 2005. Several methods were used to recruit participants. The first involved contact with the three Area Directors in the Winnipeg Regional Health Authority. The author met with the Area Director for Point Douglas/Downtown and through email discussed the project with the Area Directors for Inkster/Seven Oaks and Charleswood/Assiniboine. All three Area Directors were supportive of the project and were willing to allow their managers to attend the workshop on work time. They agreed to send their managers emails about the project with the workshop brochure attached (See

Appendix F for Brochure). These correspondences were sent to approximately 30 prospective participants.

The author also met with the Health Promotion Specialist of the WRHA. She was also actively interested in the project and took the project to the Regional Mental Health Program Director who agreed to send the brochures to her managers. This contact was sent to about eight to ten managers[1]. The author's Director, the Program Director for Mental Health and Rehabilitation Geriatrics supported the project. She distributed the brochure to her colleagues at a senior manager meeting where ten prospective participants were informed about the workshop.

A second method of recruitment involved direct emails to the author's managerial and leadership colleagues. This involved emails informing 12 Patient Care Team Managers and four Professional Discipline Leaders at the author's hospital worksite.

The Manitoba Institute for Registered Social Workers ran an advertisement for the workshop to their members.

The author's goal was to recruit 20 facilitators, leaders, or managers who are responsible for facilitating interdisciplinary teamwork in their work. While interest and enthusiasm prevailed, the process of individuals committing to two full days to participate in a workshop proved more challenging.

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[1] Restructuring in the WRHA was ongoing and a number of managers changed portfolios during the recruitment phase, thus absolute numbers of managers to whom the emails were sent is uncertain.

3.3.3 Authorization

The author chose to conduct the workshop at the Seven Oaks General Hospital because the author has been working in the capacity of the Patient Care Team Manager in the Mental Health Program. The author has 'credibility' in the organization, had access to space and AV equipment and felt that it would be reasonable to conduct the study in her place of work. Permission was obtained through a request to the Chief Nursing Officer and the Director of Education Services. Support for the workshop was obtained from the author's Program Director.

3.3.4 Workshop Environment

The workshop was held in a meeting room at Seven Oaks General Hospital on a Friday and the Monday ten days hence. This gave participants the opportunity to reflect on the experience after the first day. Refreshments were offered morning and afternoon of both days. Participants were on their own for lunch. The author invited an experienced professional workshop leader, who is a Committee Member of the author's Graduate Studies Practicum Committee, to observe and evaluate the author's performance as a facilitator. This observer gave the author ongoing feedback which the author utilized in the workshop.

The author facilitated the workshop and began each session with an energizer and opener exercise and a didactic presentation (See Appendix G for full PowerPoint™ presentation of material covered in the workshop).

3.4 Sample and Setting

By the date of termination of the recruitment process, ten people were registered for the two-day workshop. Because of the changing nature of the health care climate the Area Directors and Senior Managers who assisted with recruitment all informed the author that it would be very difficult to increase the number of participants. Thus, the author decided to deliver the workshop to the ten volunteers.

Three of these individuals were external to Seven Oaks General Hospital and seven were internal. The recruitment process of involving Area Directors proved beneficial in that recruitment extended beyond the author's worksite. The registered prospective participants were all from the disciplines of social work and nursing. They included:

- 2 Community Home Care/Public Health Managers,
- 1 Community Mental Health Manager,
- 1 Health Promotion/Workplace Wellness Leader,
- 1 Professional Discipline Leader,
- 3 Patient Care Team Managers,
- 1 Senior Social Worker,
- 1 Mid-level organizational Manager.

When the workshop began four prospective participants dropped out of the project. The resulting sample included the two community Leaders (Home Care/Public Health Manager and Mental Health Manager), one Professional Discipline Leader, one Patient Care Team Manager, the Senior Social Worker, and the Health Promotion/Workplace Wellness Leader.

The author was informed by the Area Directors during the recruitment process that there were many organizational obligations and change initiatives that were underway and mandatory that would likely affect the recruitment of Leaders to this initiative. This explained the attrition of three prospective participants. One withdrew because his portfolio reached the national news the day before the workshop; another had a client crisis that had escalated to her Managerial Level, and a third felt overwhelmed with work. The fourth prospective participant had just returned to work after a serious illness and felt she could not miss more work. The workshop began with six participants and one of these withdrew after the first day because she moved out of the WRHA.

3.4.1 Demographic Description of Participants

Participants in the workshop were two males and four females. All were between 40 and 50 years of age with between 10 and 20 years experience in the health field, and between 1.5 and 10 years of experience as Leaders in some capacity.

3.5 Evaluation of the Intervention

Throughout the practicum, the author's interest was in developing a method for sharing information and skills, related to facilitating team work, that would be practical for others working in the field. To this end, the author wanted to evaluate the success of the workshop both qualitatively and quantitatively. The author modified an existing evaluation tool that used scaling questions. Then, the author attempted to use the results to make recommendations concerning the most relevant themes of team work for other facilitators of inter-disciplinary teams to pursue.

3.5.1 The Evaluation Tools

The workshop Evaluation Tools were developed by the author in consultation with the author's Advisor and one Committee Member (See Appendix H). They built on the Client Satisfaction Questionnaire (CSQ-8) (Attkisson, 1990). The CSQ-8 is a validated tool but it was not specific enough to evaluate the facilitator of the workshop (i.e. the author). The questionnaire survey utilized to evaluate the workshop incorporated an opportunity for both quantitative and qualitative data gathering. As pointed out in Patton (2002, p.13-15) the purpose of the qualitative component is to develop an understanding of the responses "in greater depth and detail" as well as the "highly individualized response" of the participants. Some of the advantages of pure qualitative approaches, of not being "constrained by predetermined categories of analysis" were limited in the survey with the predetermined questions and the fact that written responses did not allow the author to probe for more in-depth meaning and interpretation. This was addressed to some extent by encouraging open-ended responses in each category and for an open-ended overall response at the end of the survey. Two tools were developed: one tool for each workshop section and one tool for the overall workshop evaluation.

3.5.2 Data Analysis

The quantitative data were analyzed by summing responses and determining mean scores and range. Because there were six participants the data did not lend themselves to statistical analysis such as correlations. However, the author did examine all questions to see if any trends were visible in the data. Given the small number of workshop

participants and questionnaire respondents, and that this was not a random sample, the author cannot generalize to other team facilitators or the population. The findings can only stand on their own to indicate the sentiments of the participant respondents. The tables are used only to illustrate the method by which the workshop was evaluated and to identify participants' responses.

The qualitative comments were brief and the author identified themes within workshop sections and across workshop sections. Because there were very few comments and the comments were specific to each section of the workshop, qualitative data analysis techniques were not useful. However, the author did have many insights and learned a great deal as part of her reflective process that are themselves 'findings' and are reported in the Reflective Learning Chapter.

3.6 Summary

The conversion of theoretical topics identified in the literature into practical, interactive exercises, games, self-administered surveys, and case discussions involved many steps. Each theme was developed with the intent of providing additional skills, knowledge and exploration of current abilities of facilitators of interdisciplinary teamwork in health care. The author consulted with a professional workshop facilitator who provided the guidance necessary to review relevant material related to workshop development so that the activities selected could be consolidated. The specific themes selected for the workshop were based on the author's reflections after completing a literature review and were relevant to interdisciplinary teamwork in times of change.

Important learning points were identified under each theme and these were used to make lecture notes and learning objectives.

A variety of facilitation strategies were employed, such as: videos, games, interactive exercises, brief lectures, brainstorming, and the use of case studies for both small and large group discussion. Also included in the instructional design were: ice-breakers to introduce topics; brief lectures or video clips to cover main points; written materials to assist learning; self administered surveys to promote reflective learning; and the use of the group process to facilitate sharing among colleagues. The comprehensive approach to the workshop design considered the various styles of adult learners and a variety of tasks were chosen to maintain the participants interest and enthusiasm for the material. The overall goal was for the author to share knowledge, skills, and abilities from research-based literature in a practical way that can be easily understood and used by team leaders.

Once the workshop was designed, the author received approval from the University's Ethics Committee. The implementation plan then involved recruitment of participants and authorization from the author's employer to offer the workshop to employees and others at the work site. The final piece before the workshop could be delivered was the development of evaluation tools.

The author facilitated the workshop on January 14, 2005, and January 24, 2005. The author's reflections on the process of delivery are outlined in Chapter 5. First, the findings that emerged from the evaluation process are discussed in the next chapter.

CHAPTER FOUR

FINDINGS

Participants were asked to evaluate the overall workshop in 12 questions on a four-point ordinal scale, and one question with eight parts on a ten-point likert scale. The categories for the evaluation varied by question. Some questions asked for participants' satisfaction, while others asked about workshop relevancy, appropriateness, clarity, and knowledge level (see Appendix I for Overall Workshop Evaluation Questionnaire). The respondents varied in years as team facilitators, with number of years ranging from 1.5 to 10 years. The mean number of years was 6.3 and the median was 8 years. The number of years as team facilitator did not appear to be related to their evaluations of the overall workshop or their concept evaluations. In other words, participants with more experience did not rate the workshop differently than those with less experience.

Five participants completed overall workshop evaluations. Table 1 illustrates that most were very satisfied with both the content and the process of delivery. However one participant felt "the number of topics resulted in a need to be brief and somewhat superficial in the depth of coverage".

Table 1

Overall Workshop Evaluation

Item	1 (very low)	2	3	4 (very high)
1. Date and time frame		1	1	3
2. Facility comfortable	1			4
3. Topics relevant			2	3
4. Level of challenge appropriate		1	2	2
5. Facilitator knowledgeable			2	3
6. Material clear and concise			1	4
7. Activities helpful			1	4
8. Held my attention			1	4
9. Facilitator respectful				5
10. Built on knowledge		1	2	2
11. Overall satisfaction			2	3
12. Would recommend workshop		1	1	3

Participants were asked to identify the usefulness of the eight concepts presented (See Table 2).

Table 2

Usefulness of Concepts

Usefulness of concepts presented:	1 not use-ful	2	3	4	5	6	7	8	9	10 very use-ful
1. Organizational context					1		1	2		1
2. Learning styles							2	1	1	1
3. Coping: the stress of change				1	1			1	1	1
4. Communication				1				1	3	
5. Leadership				1					2	2
6. Dealing with conflict			1						1	3
7. Team psychological safety					2			1	1	1
8. Team efficacy					1			1	1	1

All six participants completed the evaluations on Organizational Context, Learning Style, and Coping, five completed evaluations on Leadership, and Dealing with

Conflict, four completed evaluations on Communication, three on Team Psychological Safety and Learning, and two on Collective Efficacy. The drop off in completion of evaluations was likely evaluation fatigue. This was significantly effected by the fact that the workshop format required participants to complete four or five questions for each session. This likely impacted their motivation to complete the questions, and perhaps the quality of their responses to the qualitative portion of the questionnaires. Of interest were both the quantitative ratings and the comments that participants made on the individual concept evaluations that are presented in Tables 3 to 10.

Organizational Context (see Table 3), the first concept, was illustrated in the workshop with the use of a game. The participants all found the game "fun and insightful", as stated by one participant. As another participant reflected: "You can facilitate learning in a team in a fun way, as in a game." The goal of including this concept was to frame the context for the participants. This was achieved as evidenced by participants' evaluations. For example, one participant stated, "as a participant with critical thinking and analytical skills/strengths, the material has already exceeded the my expectations and inspires me to continue my professional development". Negative feedback from one participant related to the pace of the presentation, with the participant finding it too slow.

Table 3

Topic I - Organizational Context

Item	**1 (very low)**	**2**	**3**	**4 (very high)**
1. Theme relevant			2	4
2. Appropriate level of challenge			4	2
3. Activities helpful			2	4
4. Facilitator respectful				6

Learning Style was also well received. Table 4 illustrates the quantitative scores of the six participants.

Table 4

Topic II - Learning Style

Item	1 (very low)	2	3	4 (very high)
1. Theme relevant			3	3
2. Appropriate level of challenge		1	2	3
3. Activities helpful			1	4
4. Facilitator respectful			1	5

Participants found the theme relevant to their needs as illustrated by the following comments:

> "increased insight and understanding of personalities and character traits can and will further facilitate my approach with team members."
>
> "helps to explain how a team can function with many types of people."

In this section, which focuses on understanding differences in team participants, one participant found the material too elementary and slow as illustrated by the following comment, "too much time spent on some exercises, understanding differences and team strengths and weaknesses", while another stated "it was fast paste [sic], more difficult requiring [sic] to process information and calling for examining present practice."

Regarding the concept Coping (see Table 5), one participant did not find the material very relevant or helpful and stated, "the model re: emotion/coping was not very helpful". Others, however found it challenging and interesting as illustrated by the following comments:

"excellent interpretation of literature, power point presentation, practical work experience."

"game and group dialogue was helpful – vicarious learning thing."

"various signs of stress and way of responding were somewhat new to me and therefore important."

Table 5

Topic III – Coping

Item	1 (very low)	2	3	4 (very high)
1. Theme relevant		1	2	3
2. Appropriate level of challenge		1	2	3
3. Activities helpful		1	2	3
4. Facilitator respectful				6

Concept Four (see Table 6), Communication, was evaluated by four participants. Two found the content too elementary and the pace too slow. One commented, "as a social worker, listening is a core competency skill and essential to work I do." Another suggested that "there is [sic] other exercises that may have provided more insight."

Table 6

Topic IV – Communication

Item	1 (very low)	2	3	4 (very high)
1. Theme relevant		1	1	2
2. Appropriate level of challenge	1	1	2	
3. Activities helpful		2	1	1
4. Facilitator respectful		1		3

Concept Five, Leadership, was evaluated by five participants (see Table 7). They all tended to like this concept with most scores in the upper ranges.

Table 7

Topic V – Leadership

Item	1 (very low)	2	3	4 (very high)
1. Theme relevant			2	3
2. Appropriate level of challenge		1	2	2
3. Activities helpful			4	1
4. Facilitator respectful			1	4

The one participant who stated that the material was not presented at an appropriate level of challenge, suggested that "references would be helpful on each topic… talked about". This participant also stated that "we do not get into any depth on a subject. It may be more beneficial to go into more depth on less topics than briefly touch on several." Again, however, another participant stated "some material was new. All allowed me to reflect on my skills."

Dealing with Conflict was the sixth concept presented in the workshop (see Table 8). Five participants evaluated this concept.

Table 8

Topic VI - Dealing with Conflict

Item	1 (very low)	2	3	4 (very high)
1. Theme relevant			2	3
2. Appropriate level of challenge		1	2	2
3. Activities helpful			1	3
4. Facilitator respectful			1	4

Again, most were very pleased but while some liked the DESC script others found it lacking. From one participant:

> "I was looking for facilitator clues – how to work with staff in conflict vs. [sic] deal with it individually."

From another:

> "When it comes to conflict the initial lecture was more helpful [sic] than DESC script."

From a third:

> "I liked the DESC script very much. …I deal with conflict all the time. It is helpful to get ideas in how it starts and how to resolve."

Team Psychological Safety and Learning was evaluated by three participants (see Table 9). Evaluation fatigue likely explains the decline in responses.

Table 9

Topic VII - Team Psychological Safety and Learning

Item	**1 (very low)**	**2**	**3**	**4 (very high)**
1. Theme relevant				3
2. Appropriate level of challenge			1	2
3. Activities helpful			2	1
4. Facilitator respectful				3

Participants found the session relevant and stated that they learned new concepts, as illustrated by one participant: "some new ideas such as "reflexivity" made this part of the session interesting." Participants did not seem to like the use of the blackboard.

Collective Efficacy, the final concept reviewed in the workshop was evaluated highly by three participants. They thought "the video was a great idea." and that the material "got me thinking".

Table 10

Topic VIII – Collective Efficacy

Item	1 (very low)	2	3	4 (very high)
1. Theme relevant			1	2
2. Appropriate level of challenge				3
3. Activities helpful				3
4. Facilitator respectful			1	2

Overall, all sections were well reviewed by the participants. However, the sample was small and not randomly selected, thus the data is not analyzable statistically and findings cannot be generalized. The data are useful to the author in that it provides feedback on the quality of the delivery of the workshop material and the value of the content to the participants. Utilizing qualitative naturalistic criteria for analyzing qualitative data and evaluating trustworthiness, the participants' comments on the evaluation tools were reviewed. The author found that a theme regarding the pace of the workshop delivery emerged. One participant suggested "possibly it might help to see what people know on a topic and judge pace accordingly" while others just commented that the pace needed to be "picked up". Another theme that was identified was a positive reaction related to the use of audio-visual aides, tools, and games. When the author used the blackboard as a tool the participants appeared to be less interested than when video clips, games, and interactive materials were used.

The participants were given an opportunity to identify any other themes that they would have liked to see included in the workshop. None of the participants made any such suggestions. This result, combined with the generally high rating given to relevancy of the themes that were included, gives credence to the author's selection of topics for presentation.

The participants all commented that the author was respectful and facilitated their involvement in all parts of the workshop. The author wonders whether this consistent positive feedback was as a result of participants' interest in pleasing the researcher ('social desirability theory'), knowing that the researcher was completing the workshop as part of a MSW degree program (Rubin & Babbie, 1993, p. 156-158).

At the conclusion of the workshop, the author invited all participants to feel free to contact her in the future if they ever wanted further information about the material resented. Three out of five participants took the author up on this offer. One participant requested more material on the DESC Script. Another participant asked to borrow a book that had been displayed on the resource table. The book was related to reflective practice. The third participant asked the author for a list of all the resources that had been used in delivering the workshop. One request was made immediately following the conclusion of the workshop, and the other two were received several days later. The author responded to all requests. This ongoing interest by participants suggests that they felt comfortable with the author and respected enough to approach her outside of the formal workshop environment. The requests also suggest that the information and materials presented during the workshop were relevant to the needs/interests of the attendees, and hence to the target group of this training.

Summary

Due to the small number of participants (six), the findings from the evaluation tools cannot be utilized to perform statistical analyses or generalizations. Also, the author is unable to make recommendations as originally planned (such as, which themes related to teamwork are most beneficial to focus on in an interdisciplinary team in the context of health care changes). However, the author was encouraged by the feedback that most found the workshop beneficial, both in terms of content and delivery method. The author can say that changes would be made in the future based on feedback, such as covering fewer topics in a session so the topics selected can be covered in suitable depth, and spacing out sessions over greater lengths of time.

The author was encouraged by the support received for the facilitation of such a workshop as evidenced by team leaders being allowed to attend on work time, and MIRSW/MASW allowing members to participate for credit. The material appears to have relevance for professionals. Based on this support, the author would recommend the workshop be offered again, with the above noted alterations.

CHAPTER FIVE

REFLECTIVE LEARNING

The process of reflective thinking became a pillar of this practicum as the author struggled to formulate the problem to be studied, the intervention to be developed, and the evaluation to complete the practicum report. As Schon states in his book, Educating the Reflective Practitioner,

> When a practitioner sets a problem, he chooses and names the things he will notice...the practitioner selects things for attention and organizes them, guided by the appreciation of the situation that gives it coherence and sets a direction for action... problem setting is a...form of world making (1987, p.4).

The problem and challenge that the author set was intimately linked to her connection and involvement in the health care system.

The author (through her work and studies) is astutely familiar with the process of health care reform and the impacts it has on the individuals involved. How one adjusts to change, whether imposed or chosen, and how one copes with potential stressors, is influenced by the type of individual one is. As the health care system undergoes phases of re-structuring and re-alignment of services and programs, the interdisciplinary teams one finds oneself working with may change, often more than once. Turmoil is inevitable, as decisions are made when it is unlikely that all stakeholders have been consulted. One's adjustment and evolution within the context of change is likely to progress more smoothly if trust and collaboration are present. The author's knowledge and experience, along with an extensive review of the current literature on teamwork in health care environments, set the stage for the topics selected in the workshop.

The author's own experiences with professional training in two distinct and often competitive disciplines (nursing and social work) gave her a unique perspective on inter-disciplinary cooperation. The author's keen interest in the macro-perspective (how policies and programs affect individuals in their environments) provided the motivation to pursue further education in the profession of social work after working as a nurse in a hospital unit for several years. Working as a Patient Care Team Manager trying to facilitate interdisciplinary teamwork has made the author even more sensitive to the unique challenges confronted by different disciplines. For example, it is challenging for allied health team members (social work, occupational therapy, recreational therapy) to receive professional support and leadership in a predominantly medicine-oriented (nursing/physician) facility, such as an acute care hospital.

5.1 Personal Reflections

Reflective thinking played a significant role in the development of the practicum workshop. Determining which research literature to explore was an evolving process. With both clinical and administrative knowledge and experience in the changing health care climate, each topic area sparked more questions and pointed to new bodies of literature. For example, in my role as a Mental Health Manager in a unionized hospital environment, staff with limited knowledge of the mental health program, were selected or were bumped into this different system through downsizing or restructuring of other programs. The prospective employees were coming to an environment without understanding the different model of health care delivery, the expectations of team performance, and very different reporting and accountability relationships (i.e. reporting

to supervisors/managers who were not members of their own discipline). The author's experiences of supervising these new team members informed her desire to explore and understand the research on collective efficacy, and what managers/facilitators could do to support employees who parachute into systems.

5.1.1 On Workshop Development

The literature identified a number of themes that were selected to include in the workshop. These themes were the importance of organizational context, individual learning styles, coping styles, communication, leadership styles, conflict and its resolution, trust and team learning, and collective efficacy. Each of these themes was noted in the literature as having the potential to impact the interdisciplinary team's capacity to perform effectively. Ways to explore these themes that would allow participants to get a sense of their own knowledge, skills, and abilities, and to recognize these in their interdisciplinary team members were explored. The goal was to provide participants with increased knowledge, skills, and abilities that potentially could enhance their practice.

Reflection on the core components that promote effective teamwork, as identified in the literature, and their application within her own practice, is what inspired the author to develop the workshop. Reflecting back to a previous work experience, where the author facilitated an eight-week workshop for people who were newly separated or divorced, the author found a meaningful reference point. Groups where individuals who may be experiencing some need can come together, and through structured and focused discussions, explore their own feelings, strengths and challenges in dealing with new

situations can be growth-promoting experiences. The author began to contemplate developing a structured educational group to address the needs of colleagues, as health care leaders who persevere with changing team members, changing expectations in terms of job responsibilities, and changing reporting relationships (as a result of program management changes and matrix management structure). Toseland and Rivas (1995) describe as the main purpose of educational groups as helping

> members learn about themselves, their community and their society... All educational groups are aimed at increasing members' information or skills...include opportunities for group discussion to foster learning...Workers concentrate on both the individual learner and the group as a whole, as a vehicle for learning, reinforcement, and discussion. (p.25)

The process of learning something new, and of putting researched information together in a format that would enhance the knowledge, skills, and abilities of current facilitators of interdisciplinary teamwork in these times of change seemed timely. Yet the reality of health care system reform played itself out when the author consulted key leaders in health care and a professional workshop facilitator to discuss her intent to launch an eight session structured educational group for facilitators of teamwork in health care. These informers convinced the author that a group, held over eight sessions, might prove unrealistic given competing initiatives and changing practices.

Reflective thinking played a significant role in the development of the practicum as it evolved from its original intent as an eight session group where participants would also be able to incorporate reflective thinking processes, to a two day workshop in which time constraints would not allow for this aspect of the practicum intent to be realized. The author was extremely disappointed, as reflective thought proved to be significant in her own development and growth as a practitioner, and is identified in the literature as

well (Brown, 2001). The focus of development shifted to how to ensure that participants could still benefit from the workshop format. Alternative strategies to reflective practice had to be emphasized.

5.1.2 On Personal Practice

The purpose of the practicum was to develop and deliver a workshop that would enhance the knowledge, skills, and abilities of facilitators of interdisciplinary teamwork. The author was hoping for a larger sample so the author could report significant findings on the themes and patterns of usefulness of the components of teamwork. The second purpose was to enable the author to improve her own capacities as a facilitator of interdisciplinary teamwork through the knowledge, skills, and abilities acquired as a result of the practicum. The first goal was not achieved, however, the second goal was.

The time that it took to complete the practicum was longer than the expected/anticipated timeframe. This was primarily related to the difficulty in recruitment of a significant number of participants. However, the ability for the author to continue to build on her own capacities as a facilitator of interdisciplinary teamwork cannot be undermined. The time that the practicum process took assisted the author in learning how making teamwork effective is a slow, evolving, and complex process. Having time to experience and reflect on the project helped the author become a better facilitator of interdisciplinary teamwork. The significance of: communication; understanding different personality types and the challenges change may present; how people cope with potential and real conflict; promoting a trusting environment so team members can learn from mistakes without fear of reprisal; and appreciating that for the

team to perform effectively requires more than their skills and abilities to perform their job, was emphasized over time and assisted the author to develop a greater appreciation for the challenges faced by health care workers.

The author felt personally challenged to find a way to create an environment for the team she supervises on a daily basis that would allow team psychological safety to develop. Reflecting on the works of Edmondson (1996, 1999), this author made a conscious decision to communicate to her staff in team meetings that future errors would be reviewed with a focus on improvement and/or preventing a recurrence, not on assigning blame or punishment. Specifically, this author chose to discuss errors in an objective and non-judgmental way, and to provide feedback using the DESC Script, with a goal to 'enable' team members to problem-solve for themselves and to learn from each other to prevent future errors.

5.1.3 On Participant Recruitment

Having completed the development (with the professional consultation and research complete), the next step in the process involved recruitment of participants. Discussions with colleagues and peers informed the author that many individuals were looking for ways to understand their roles and their teams "better" in these re-structured environments. Working in an environment that is politically charged and fraught with demands (both from the stakeholders and consumers) compels us even more strongly to reflect on our practice. While there was enthusiasm for the workshop expressed by many within the WRHA, the realities of recruitment due to the time commitment (i.e. two day workshop) was discouraging. Many individuals who expressed a keen interest and

identified a need for the information also expressed concern about the time. The author was interested in the idea of attracting a population of adult learners. An awareness of the adult learner principle stating that adult learners need to be self-directing meant that the ability to recruit volunteers and have an ongoing commitment from participants to attend proved challenging. The author was not prepared to suggest that the workshop be mandatory. The lack of participants was extremely disappointing to the author, but not surprising, given the health care climate and environment.

5.1.4 On Workshop Delivery

The experience of conducting the workshop afforded the author the opportunity to reflect on her abilities as a facilitator of interdisciplinary teamwork. Many decisions are made at various levels during a busy workday. In this author's particular team, decisions about resources (in this environment of cost-containment for health care) tend to create friction between members of the interdisciplinary team. The skill of 'Self-Management', or the ability to suspend judgment and think before acting, was a strength developed by this author as the practicum evolved. Learning to regulate emotional responses to difficult situations and to develop self-control has assisted this author to become more effective in her interpersonal working relationships.

The number of participants dropped from the original intent of about 20 to ten. When the second day of the workshop began, only four participants arrived, and one came late, after the first topic had been presented. The author's disappointment was evident and marked by the comments of the observer:

> "Facilitator was obviously shaken by the number of participants present, (too few), and did not focus on the task at hand."

The observer gave the author ongoing feedback during both workshop days. The author had the responsibility to utilize reflective thinking to rectify difficulties and carry on. This also was evident to the observer:

> "Able to regroup for next topic and appeared more relaxed and comfortable. Slowed pace, allowed for questions, facilitated discussion, and returned to the rhythm of first day."

5.2 Structured Reflection

Reflective thought and learning is a process that comes more naturally to some than to others. Research demonstrates, however, that it is a skill that can be taught and developed (Brown, 2002; Bulman & Schultz, 2004; & Schon, 1987). Even for those to whom reflection does not come naturally, it is a valuable skill for promoting professional development in these times of change and reorganization. As Alvin Toffler said, "the illiterate of the twenty-first century will not be those who have not learned to read and write, but those who cannot learn, unlearn, and relearn."

The author developed a very basic reflective framework after consulting several more complex ones (Bulman & Schultz, 2004). The following chart demonstrates a structure for retrospective reflection.

5.2.1 On Workshop Activities

Activity	What I thought would happen:	What happened:	Did I achieve what I wanted?
Large Group Activity: Board Game—"Our Town"	What I thought would happen: Participants would begin to recognize in themselves (and each other) their own motives for cooperation or not. Also, hoped that participants would develop a sense that it is possible to learn to cooperate and there can be benefits to do so. Use the game as a metaphor for learning about teamwork.	Participants played the game with enthusiasm and a good discussion occurred on how the game was illustrative of the themes of teamwork.	Yes, and more so. I felt relieved that the game served the purpose I intended, since much of the workshop was connected to how we deal with things we can and cannot control, (OBOC).
Large Group--Icebreaker Exercise	Participants would get a sense that we are unique as individuals and that items we have reflect something about us as individuals.	Participants were able to share what the items selected represented as unique to them.	Yes, I felt that the group shared the information in a manner that got them thinking about who they are as individuals, and different from each other.
Brainstorm Activity—write word DIFFERENT on the board	Participants would get a sense of how different can be a good thing, promoting variety and interest in a team as opposed to all the same.	Participants listed traits that were descriptive rather than qualities that individuals possess. i.e. height, weight, rather than viewpoints, beliefs, etc… Meaning or intent of the activity was lost.	What I did achieve was an awareness that I needed to be clear in the instructions and that communication that is not clear and checked out can be misconstrued. This can lead to unintended results.
Individual Activity--Keirsey-Temperament Sorter-Self administered survey	Participants would feel comfortable sharing something about what type they are and recognize that others are different and that's ok.	Participants filled out and scored, and some discussion about type.	To some extent, however, some participants who were familiar with the survey were not as keen to participate in the discussion.
Small Group Activity--Team Analysis exercise of two different team types	Participants would see how there might be something missing if a team was not composed of enough different types. Too much same-ness can be detrimental or create lacking in a team.	Participants discussed the issues with great enthusiasm, and could really see how the variety in teamwork is essential.	Yes. Participants became aware of how too much of one type is not effective in teamwork.

Activity	What I thought would happen:	What happened:	Did I achieve what I wanted?
Small Group Activity--Walking Gallery Exercise	Participants would get a sense of how different coping/stress reactions may be manifested and see if they recognize any of these in Participants would brainstorm together and increase their sense of comfort with each other.	Participants thought of lots of possible reactions that might fit each coping style and could see where some might overlap. Also, participants started to think about some behaviors differently. For ex, someone with frequent headaches/colds might be experiencing more stress and that's why they are sick often. themselves or their team members.	Yes. Participants were able to reflect on how different stress/coping manifestations may be confused with illness. This appeared to be an important revelation for some supervisors who are struggling to deal with excessive use of sick time. They found this extremely helpful.
Video Presentation —"Joy of Stress"	Participants would have a good laugh and at the same time, see that even when we are stressed, we can choose our responses, can see the positive or turn the situation into something more positive.	Most participants really enjoyed the video and appreciated the ending of the day with humor. One participant left because she had already seen it.	Yes. Participants were laughing more than I thought they would, but still finding pertinent information. It reinforced the message that we have a choice in how we cope.
Individual Activity—Effective Communicati on Survey	Participants would develop an appreciation for their own capacity as active listener and how this may be compromised in busy environment. Participants to identify any areas for improvement and what strategies might help. Could be done as a group or individually.	Participants filled out the survey but the discussion was not there. Participants did not feel inspired by the material to discuss it more fully.	I did not achieve what I intended however, I became aware that I needed to work on this area. The material (and my anxiety level) was not up to the challenge for participants to benefit from the session.
Energizer/ Warm-up Leadership quotes around the room	Participants would see the leadership approach and think about people they know (either real or from history) that might represent that style or approach. Also, to identify which approach if any, they see as most beneficial in today's work environment.	Good discussion on how each approach might or might not be of use.	Yes. Participants were reflecting on positive and negative examples of leadership and generated their own examples of how even "bad" leaders (Hitler and Attila the Hun were identified) still display leadership qualities.

Activity	What I thought would happen:	What happened:	Did I achieve what I wanted?
Individual Activity--Leadership survey profile	Participants would get a sense of the leadership style they tend to wards and see if they need to do any work in this area.	Participants filled it out, fair bit of discussion.	Yes, however, one participant disappointed with the style revealed, and seemed very upset. I felt a little uncomfortable with this response. Felt like I had to say something to make the person feel better or say something positive about what they might do to 'improve'.
Demonstration--Conflict Illustration-three beakers	Participants would be able to see how some conflict is good, and some is just not resolvable, and then what are choices, if such is the case. I was hoping for discussion and perhaps examples	Participants were engaged with the demonstration. Good discussion around how conflict can be approached.	Yes. Participants were particularly fascinated by the visual representation of the marble—that not every conflict can, or has to be solved.
Individual and Small Group Activity--Case scenarios using DESC	Participants would practice and develop a sense of how one could be responsible for articulating their feelings regarding a conflict (real or potential). Participants would help each other come up with ways to do this by practicing together.	Participants seemed to experience difficulty (frustration) with the DESC script and it was difficult to articulate the essence of the conflict from the case scenarios.	Some participants able to express they did not like the DESC script or find it very helpful. I became aware of my own inability to facilitate the discussion to illustrate how the DESC script could be utilized. This would be an are for improvement.
Individual Activity--Whom do you Trust exercise:	Participants would talk about the kinds of qualities that promote trust in individuals. Develop a sense of how this might be accomplished within their teams.	Participants were able to discuss types of qualities /behaviors that promote a trusting environment.	Yes. I could see that participants began to think about how trust impacts team learning. There was a recognition that trust is more important than the authority of the person giving information.
Video Presentation—Groupthink and Large Group Discussion	Participants would develop a feeling of how teams could be too insular and therefore, not open to 'beneficial' change or feedback. Participants would be able to reflect on what makes a situation where people feel pressured to agree even if they don't. Participants would reflect on how this might exist in their own work settings and is this desirable.	Participants watched the video and were fascinated by the impact this kind of thinking could have on events such as the space challenger 1986. There was a lot of discussion on how groups can become too insular and not open to change or new standards.	Yes. Participants expressed how much impact the video had in illustrating some of the pressures individuals might be under to agree or conform to the group norm without even being aware of the pressure. I think the video had the impact it did because everyone in the room remembered the Challenger destruction, so it was like re-visiting a personal trauma—very powerful learning/reflecting experience.

5.3 Group / Team Reflection

For group processes or activities, it is often useful to combine individual and group reflective learning. During the development of the workshop, the author had the opportunity to experience this process as she developed the activity using a cooperative game to demonstrate aspects of teamwork.

The notion of game theory and learning to cooperate may be seen as metaphorical or analogous to what is happening in terms of health care reform and the restructuring that has been underway since regionalization in 1998. The organizational context has been changing in its structure (i.e., Program Management, Neighborhood Access Centers) and reporting mechanisms. Given the expectations regarding quality patient care and accountability to the various stakeholders (internal and external), lack of control over the workplace setting and stress may be experienced at several levels. The use of the game 'Our Town' was used to illustrate and simulate the experiences of teamwork in employees of health care organizations, and the experience of managing with minimal control of the organizational context. The use of in-vivo simulations proved effective for engaging the leaders in Fichtner and colleagues' research (2000) and suggested the need to find and develop a mechanism for engaging facilitators/leaders in this practicum workshop.

In preparation for the workshop, the author recruited three members from the interdisciplinary team that she works with (none of which would be workshop participants) to learn how to play a game that was to be used as an interactive teaching activity. The game 'Our Town' was chosen for this practicum workshop because it is based on principles of cooperative play. In the game, the town is controlled by 'Owners

Beyond Our Control' (OBOC) (Deacove, J., 1996). Players begin with unequal status and wealth. Through economic operations the players try to develop a stable economy to avoid going bankrupt. As the game progresses, players must decide when to create group owned properties, and which ones will work best for the town at what strategic time. Participants play the game and through this process are able to understand under the circumstances within which it would be in everyone's interest to cooperate on the purchases of the town's properties, as well as under the circumstances when it is beneficial to be self-interested.

By playing the game, the pilot test participants were able to identify the circumstances under which it would be beneficial to cooperate (help each other out) and the circumstances under which it would not be detrimental to be self interested. All pilot test participants thought the rules of the game were complex. It took several sessions (5 hours in total) for pilot test participants to feel confidant that the rules were understood by all. Participants also commented on how analogous the game was to the actual situation faced within the context of health care reform and regionalization. For example, one pilot test participant commented that 'in the game, players start out with unequal wealth and status. This is similar to some hospitals having more resources than others. However, the pressure to deliver quality patient care in an effective manner, meeting regional health authority standards is the same for all sites.' Another pilot test participant 'wondered whether the whole complexity of the game and learning how to play by new rules is analogous to the complexities involved in achieving effective interdisciplinary teamwork in times of change. New reporting relationships, lack of traditional supports, and new team members are frequently experienced changes in health care.'

All of the game players (this author included) reflected on how learning to cooperate can be accomplished. The most illuminating point for pilot test participants was the recognition that there are conditions under which it is in one's best interest to cooperate in a team. Game players from this pilot test team were also keen to point out that participants came into the game with longstanding respected working relationships, and this may have contributed to willingness to cooperate. This helped to illustrate the reality that staff who become members of an interdisciplinary team as a result of re-alignment or restructuring may not come to the team with the same propensity to cooperate or work together (collectivistic orientation) (Eby & Dobbins, 1997; *Watson, Chemers & Preiser, 2001). The opportunity to reflect with the pilot test participants was beneficial to the author. The different perspectives enriched the reflective experience.

5.4 Summary

Reflective learning seems to be more important than ever, given the knowledge implosion in health care (i.e. technology, information systems, consumer awareness, and increased pressures re: accountability). Not only is it important as practitioners to know 'what to do', we must also know 'why we do'. And, this will continue to be the challenge as our knowledge-based industry evolves. As Bouchard states, "Yesterday's knowledge is inadequate to solve today's problems" and to be effective, and stay competitive, we must be able to improve on our practice. Strategies to do this continue to be explored and developed for a variety of disciplines. This is not only important for social workers other disciplines are also making Reflective Learning a cornerstone of practice. For example, Bulman & Schultz (2004) have written about how reflective

practice can be utilized by nurses, Schon (1991) has collaborated with a variety of practitioners (i.e. therapy, music, and architecture), and Brown (2002) has written on the importance of reflective learning for adults who are engaged in the process of education. All of these point to the need for reflection to become integral to professional practice as a matter of course. The author strongly believes that the reflective learning has been the most beneficial aspect of the practicum in her capacity to apply this in her own work setting which has allowed the author to develop and enhance her own professional skills as a facilitator of interdisciplinary teamwork.

CHAPTER SIX

CONCLUSION

6.1 Practicum Overview

The rationale for the practicum was to develop and deliver a workshop that gave participants, facilitators of interdisciplinary teamwork in health care, an opportunity to build or augment their current knowledge, skills, and abilities as these relate to interdisciplinary teamwork. The health care restructuring process involves the shift to a primary method of service delivery comprised of interdisciplinary teams. Consequently, the capacity to promote interdisciplinary teamwork that is effective and quality minded is necessary. The literature has shown that teamwork does not just happen (Firth-Cozens, 1998; West, 1999). The pressure to perform effectively in the climate of cost containment presents challenges to those who function as interdisciplinary team leaders and facilitators.

The primary objectives of the practicum were to provide a forum and a method (workshop content) that potentially could enhance the knowledge, skills, and abilities, as the service delivery model of interdisciplinary teamwork becomes more entrenched in our system. The goal was to be able to identify and consolidate the current knowledge base as it impacts practice for those in interdisciplinary teamwork. A second objective was to allow the author to build on her own skills, knowledge, and abilities as a facilitator of interdisciplinary teamwork in a healthcare setting. This was accomplished by utilizing reflective thinking techniques (Schon, 1987; 1991).

The practicum consisted of the development and delivery of a two-day workshop with a focus on eight core topics and competencies that influence and impact teamwork as identified in the literature (Harris & Barnes-Farrell, 1997; Unsworth & West, 1999). The workshop was developed and delivered by the author as part of her own learning objectives (to understand the competencies of teamwork and how to promote learning in the context of health care change). Principles of adult learning and motivation were utilized as the development of the workshop evolved.

6.2 Key Workshop Themes

The key topics and competencies explored for the purpose of the practicum were the following. Organizational context, the first topic, explored how health care reform and restructuring impacts the individuals that work within the health care system. The focus of the literature review was specific to the organizational change context and the shift to program management as a way to maximize efficiency (Tidikis & Strasen, 1994). Systemic changes within the health care environment, while necessary to satisfy financial pressures, has the potential to create anxiety, fear and stress for the individuals working within the system. Understanding the context in which individuals come to work is significant to assist in development of effective teamwork to deliver effective patient care.

Personality and learning styles was the second topic covered because teamwork is composed of a variety of individuals, staff coming with different backgrounds, styles and strengths both personally and professionally, to the work environment. How to maximize or capitalize on the strengths of an interdisciplinary team can be understood through an

awareness of the various styles and strengths of the participants. This is the expectation and rationale for shifting to an interdisciplinary patient focused approach (Berger et al., 1996). It is argued and some research has demonstrated that the interdisciplinary team approach would accomplish more efficient and effective patient care than a consultative model (Carter & West, 1996).

The next topic explored was stress and coping. The information gleaned from the literature on this issue led to conclusions that coping strategies can be learned and adapted (Folkman & Lazarus, 1984; Roskies, 1991). Members of the interdisciplinary team may experience stress as a result of restructuring and changes in both how they work and where they work. New ways of working (which can prove stressful) may be mitigated if one has additional resources available to them, especially if the health care changes are creating difficulties for them (Decker et al., 2001; Dowd & Bolus, 1998). As well, staff can be assisted to develop more effective coping strategies if this is impacting their ability to function (Gellis, 2001).

Communication has been referred to as the 'glue' that binds the team together. This topic was explored as it appeared frequently in the literature as a significant theme for the interdisciplinary team (Harris & Barnes-Farrell, 1997). Communication is very important especially in times of change. Communication that is open, sincere, and genuine can prevent negative rumours, so staff feel supported and heard.

Leadership is a skill that is necessary for the team to progress and receive the direction and opportunities to develop. The acquisition of new skills and knowledge within health care will continue to be required. Technology and evidence based practice will continue to require ongoing development. Ways to enable and facilitate the

interdisciplinary team's collective action will continue to be expected. People can learn leadership skills and develop transformational leadership styles to facilitate and lead change.

Conflict is inevitable within the interdisciplinary team. However, some types of conflict are beneficial. For example, task conflict can lead to productive problem solving, thereby creating more effective teamwork improving patient care outcomes (Jehn & Chatman, 2000). Relationship conflict is the most destructive and least amenable to interventions or resolution. Understanding types of conflict can be useful in order to provide appropriate steps to assist the interdisciplinary team.

The construct of psychological safety and team learning was explored because of the emphasis on new knowledge, including standards of practice that affect both the type of care and how care is delivered. The explosion of new knowledge will continue to challenge health care professionals. As Bouchard states, "Increasingly, yesterday's knowledge is inadequate to solve today's problems. And nowhere is this perception more generalized than in the workplace" (Bouchard, 2001, p.170). Edmondson (1999) has shown that in order for team learning to occur, psychological safety must exist. Staff must feel safe to engage in risk taking behavior, appear vulnerable to other interdisciplinary team members, be able to save face, and experience the team as a safe place in order for interdisciplinary team learning to occur. The author believes that this is increasingly important in a climate of enhanced accountability and transparency.

The notion of collective efficacy and the processes that can enhance or impede this were explored as significant to the work of interdisciplinary teamwork. This is especially true in this cost containment health care environment. Given that re-

structuring is often mandated (as opposed to stakeholders coming to mutual consensus) the composition of interdisciplinary teams may or may not include individuals who work in teams as their chosen method of service delivery. The construct of identified in the literature known as 'collectivistic orientation' proved to be relevant in that the members of the interdisciplinary team come to the team with a greater or lesser degree of proclivity towards teamwork (Eby & Dobbins, 1997). The notion of 'group think' was another important feature to consider when working with interdisciplinary teams as this may influence acceptance or resistance to change (Janis, 1982).

Adult learning and motivation was covered as the focus of the practicum was on learning and exploring current knowledge and new knowledge, skills, and abilities (Knowles, 1984; Waldron & Moore, 1991). The development and delivery of the workshop was targeted to adults who would identify the need to build on their current knowledge, skills, and abilities as facilitators of interdisciplinary teamwork in times of change. Given the realities of today's health care work environment, health care professionals (the author included) will require the ongoing acquisition of new ways of working. The workshop was a forum with the potential to learn new knowledge, skills, and abilities to facilitate more effective interdisciplinary teamwork.

Reflective learning was the pillar of the practicum as the author has a strong belief that what happens in the workplace, the ongoing dynamics of the work as facilitators and leaders of interdisciplinary teamwork, is influenced by our own values, beliefs, and attitudes (Schon, 1987). People bring to their jobs those aspects of their character in addition to any particular technical skills they may have acquired along the way. The expectation of effective patient care will involve the exploration and development of both

the technical skills and the reflective skills regarding the delivery of patient care, from the simple to the complex, in an interdisciplinary team context undergoing persistent change.

The format of the workshop consisted of strategies to explore these eight themes related to teamwork. Each theme had an identified goal, specific learning objectives, and then a variety of strategies to enhance the process of adult learning. These included a range of games, interactive exercises, videos, brainstorming and case discussions. The intent was to have participants learn from each other and build on current knowledge, skills, and abilities based on a variety of work related experiences. Each session had a brief overhead of goals and objectives and relevant information. The workshop was introduced through the use of a game to illustrate that teamwork can be learned and it can be fun.

6.3 Limitations

One of the limitations of the practicum was identified early on when the reality of conducting an eight week educational group was compromised by the time commitment required and the competing initiatives ongoing within the WRHA. The importance of illustrating how members form cohesive relationships when bonding over time or to illustrate how working relationships evolve over time, and the use of reflective learning were not able to be realized. Using adult learning principles, the author was very conscientious to promote participants' comfort. The limitations of a two-day workshop compared to an eight session group meant that the participants did not have the opportunity to themselves experience adult learning principles in interaction with each other.

Another limitation of this practicum was the author's inability to access a pilot test group prior to delivering the workshop. Had the author been able to pilot the material, participant-identified learning objectives could have been incorporated into the final workshop design. The author recognizes that this presents a serious limitation in the context of adhering to adult learning principles.

As one consulting professor indicated to the author, change is difficult to undergo and to study change initiatives or the impacts of change is easier done once the 'dust has settled' (about five years after implemented). Reflecting on this comment assisted the author to realize that recruiting participants to participate in a workshop that addresses a role that hasn't been clearly defined and continues to evolve may have been too onerous a task to undertake. The author would consider a different time structure and fewer topics, given that organizational change is ongoing in health care and creates real time challenges for participants.

6.4 Achievement of Workshop Goals

There were three original goals for this workshop when the author began the process of development. To a greater or lesser extent, all three of the goals were achieved.

The first goal was to provide a forum for participants to explore relevant topics and competencies related to interdisciplinary teamwork that would enhance their skills and knowledge. The workshop, for the participants who were involved, was evaluated as very useful and successful. The participants' experience ranged from 1.5 to 10 years as facilitators, leaders, and managers and their level of experience did not appear to be

related to their ratings of the content or method of the workshop. This finding, although not able to be generalized to other settings, is interesting in that it is challenging to deliver material to audiences with varying levels or degrees of expertise. The selected topics were all rated high in terms of relevance by the participants. All participants also responded well to the use of the activities and games. To the author and observer, the range of activities that included individual and group learning, appeared successful.

It is difficult to summarize key findings in a statistically relevant manner in a workshop that did not reach a significant (critical mass) number of participants. The paradox in this learning process is that it might be that the lack of adequate respondents provided increased awareness that adult learners (to learn anything genuinely) must be self-directing. The lack of any kind of incentive (other than the potential one might experience) was not compelling enough to override the work demands that this workshop was trying to address.

The challenge for learning something new was realized due to the creation of a workshop that can be replicated. Some participants' feedback suggested that there was too much information for a two-day workshop and that consequently some material were not covered in depth. Although level of experience was not related to the appraisal of the content, some participants found some material not challenging while others (with more experience) found the material helpful and compelling.

The second goal was model a safe adult learning environment that would enhance reflective thinking. The author's assessment of the workshop is that the two-day format, while practical and realistic in the health care environment, is not optimal. Experiencing and learning complex topics requiring reflective thought, need time, trust, and safety. A

brief two-day workshop does not model the learning context of interdisciplinary teamwork. The evaluations by the participants indicated that a safe learning environment had been established, however, the brevity of the workshop did not allow for a full opportunity for reflective thought and ongoing sharing of reflections among peers.

Developing an awareness of the difference between a practical workshop and an optimal workshop was an area of key reflective learning for the author. The third goal of the workshop was for the author to develop her own reflective learning techniques. The summary of the practicum report itself does not imply that this work of reflective learning has been completed. The author will continue to utilize the skills developed as a facilitator of interdisciplinary teamwork in the context of health care restructuring. The reflective learning process will continue to provide methods for improving practice.

6.5 Implications for Practice

Working together over time allows individuals to experience the evolution of an interdisciplinary team. The ability to develop as a team may be compromised if individuals are up-rooted and re-assigned to new work teams. This upheaval may negatively affect the individuals uprooted as well as those left behind. While the reasons for health care changes can be understood on a logical, intellectual or policy level, the individuals affected by them rarely experience the changes as benign. As the literature showed, workers often resist changes and develop fear, even when the changes do not result in an actual workload increase, but only a perceived increase. Establishing 'trust' in environments where programs and staff are constantly being re-shuffled is difficult. If one accepts the often-heard expression 'perception is reality', these on-going changes are

bound to create anxiety, fear, and stress. One of the original tenets of this practicum was that the author believes there is a way to balance the needs of restructuring due to financial pressures with the impact these changes have on the organization's most precious resource—the people who work for the organization. The development and delivery of the 'Facilitator's Interdisciplinary Teamwork Training Workshop' was intended to be one strategy to address this need for balance.

The ability to incorporate what the literature says in terms of knowledge, skills, and abilities related to interdisciplinary teamwork, is vital to ongoing attempts to deliver quality patient care. Through awareness of personality and learning styles; individual coping strategies; and effective communication techniques, leaders will be enabled to perform their roles in a manner that can promote conflict resolution, psychological safety, and team learning. The interdisciplinary team can then develop collective efficacy and the goal of effective interdisciplinary teamwork during times of change may be realized.

The concept of reflective learning, and the capacity to utilize this skill on an on-going basis, may provide those charged with the duties and responsibilities of team leaders/facilitators with the ability to assist the interdisciplinary team to perform in a manner that is always mindful of improvements. The understanding that adults learn differently from children, and that adult learning principles must be embedded in the work environment, particularly in health care, where changes are pervasive, may be helpful to individual team leaders.

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APPENDICES

The Keirsey Temperament Sorter

1) **At a party do you**
   a) interact with many, including strangers
   b) interact with a few, know to you

2) **Are you more**
   a) realistic than speculative
   b) speculative than realistic

3) **Is it worse to**
   a) have your "head in the clouds"
   b) be "in a rut"

4) **Are you more impressed by**
   a) principles
   b) emotions

5) **Are you more drawn toward the**
   a) convincing
   b) touching

6) **Do you prefer to work**
   a) to deadlines
   b) just "whenever"

7) **Do you tend to choose**
   a) rather carefully
   b) somewhat impulsively

8) **At parties do you**
   a) stay late, with increasing energy
   b) leave early, with decreased energy

9) **Are you more attracted to**
   a) sensible people
   b) imaginative people

10) **Are you more interested in**
   a) what is actual
   b) what is possible

11) **In judging others are you more swayed by**
   a) laws than circumstances
   b) circumstances than law

12) **In approaching others is your inclination to be somewhat**
   a) objective
   b) personal

13) **Are you more**
   a) punctual
   b) leisurely

14) **Does it bother you more having things**
   a) incomplete
   b) complete

15) **In your social groups do you**
   a) keep abreast of other's happenings
   b) get behind on the news

16) **In doing ordinary things are you more likely to**
   a) do it the usual way
   b) do it your own way

17) **Writers should**
   a) "say what they mean and mean what they say"
   b) express things more by use of analogy

18) **Which appeals to you more**
   a) consistency of thought
   b) harmonious human relationships

19) **Are your more comfortable in making**
   a) logical judgments
   b) value judgments

20) **Do you want things**
   a) settled and decided
   b) unsettled and undecided

21) **Would you say you are more**
   a) serious and determined
   b) easy-going

22) In phoning do you
a) rarely question that it will all be said
b) rehearse what you'll say

23) Facts
a) "speak for themselves"
b) illustrate principles

24) Are visionaries
a) somewhat annoying
b) rather fascinating

25) Are you more often
a) a cool-headed person
b) a warm-hearted person

26) Is it worse to be
a) unjust
b) merciless

27) Should one usually let events occur
a) by careful selection and choice
b) randomly and by chance

28) Do you feel better about
a) having purchased
b) having the option to buy

29) In company do you
a) initiate conversation
b) wait to be approached

30) Common sense is
a) rarely questionable
b) frequently questionable

31) Children often do not
a) make themselves useful enough
b) exercise their fantasy enough

32) In making decisions do you feel more comfortable with
a) standards
b) feelings

33) Are you more
a) firm than gentle
b) gentle than firm

34) Which is more admirable:
a) the ability to organize and be methodical
b) the ability to adapt and make do

35) Do you put more value on the
a) definite
b) open-ended

36) Does new and non-routine interaction with others
a) stimulate and energize you
b) tax your reserves

37) Are you more frequently
a) a practical sort of person
b) a fanciful sort of person

38) Are you more likely to
a) see how others are useful
b) see how others see

39) Which is more satisfying:
a) to discuss an issue thoroughly
b) to arrive at agreement on an issue

40) Which rules you more:
a) your head
b) your heart

41) Are you more comfortable with work that is
a) contracted
b) done on a casual basis

42) Do you tend to look for
a) the orderly
b) whatever turns up

43) Do you prefer
a) many friends with brief contact
b) a few friends with more lengthy contact

44) Do you go more by
a) facts
b) principles

45) Are you more interested in
a) production and distribution
b) design and research

46) Which is more of a compliment
a) "there is a very logical person".
b) "there is a very sentimental person".

47) Do you value in yourself more that your are
a) unwavering
b) devoted

48) Do you more often prefer the
a) final and unalterable statement
b) tentative and preliminary statement

49) Are you more comfortable
a) after a decision
b) before a decision

50) Do you
a) speak easily and at length with strangers
b) find little to say to strangers

51) Are you more likely to trust your
a) experience
b) hunch

52) Do you feel
a) more practical than ingenious
b) more ingenious than practical

53) Which person is more to be complimented: one of
a) clear reason
b) strong feeling

54) Are you inclined more to be
a) fair-minded
b) sympathetic

55) Is it preferable mostly to
a) make sure things are arranged
b) just let things happen

56) In relationships should most things be
a) renegotiable
b) random and circumstantial

57) When the phone rings do you
a) hasten to get to it first
b) hope someone else will answer

58) Do you prize more in yourself
a) a strong sense of reality
b) a vivid imagination

59) Are you drawn more to
a) fundamentals
b) overtones

60) Which seems the greater error:
a) to be too passionate
b) to be too objective

61) Do you see yourself as basically
a) hard-headed
b) soft-hearted

62) Which situation appeals to you more:
a) the structured and scheduled
b) the unstructured and unscheduled

63) Are you a person that is more
a) routinized than whimsical
b) whimsical than routinized

64) Are your more inclined to be
a) easy to approach
b) somewhat reserved

65) In writings do you prefer
a) the more literal
b) the more figurative

66) Is it harder for you to
a) identify with others
b) utilize others

67) Which do you wish more for yourself
a) clarity of reason
b) strength of compassion

68) Which is the greater fault

a) being indiscriminate
b) being critical

69) Do you prefer the

a) planned event
b) unplanned event

70) Do you tend to be more

a) deliberate than spontaneous
b) spontaneous than deliberate

ANSWER SHEET

Enter a check for each answer in the column for **a** or **b**

	a	b		a	b		a	b		a	b		a	b		a	b		a	b
1			2			3			4			5			6			7		
8			9			10			11			12			13			14		
15			16			17			18			19			20			21		
22			23			24			25			26			27			28		
29			30			31			32			33			34			35		
36			37			38			39			40			41			42		
43			44			45			46			47			48			49		
50			51			52			53			54			55			56		
57			58			59			60			61			62			63		
64			65			66			67			68			69			70		
1			2 3			4 3			4 5			6 5			6 7			8 7			8

1 | | | 2 — E I

3 | | | 4 — S N

5 | | | 6 — T F

7 | | | 8 — J P

Directions for Scoring

1. **Add down** so that the total number of "a" answers is written in the box at the bottom of each column. Do the same fore the "b" answers you have checked. Each of the 14 boxes should have a number in it.

2. **Transfer the number** in box No. 1 of the answer sheet to box No. 1 below the answer sheet. Do this for Box No. 2 as well. Note, however, that you have two numbers for boxes 3 though 8. Bring down the first number for each box beneath the second, as indicated by the arrows. Now add all the pairs of number and enter the total in the boxes below the answer sheet, so each box has only one number

LISTENING ASSESSMENT EXERCISE

To help you start to be more aware of your listening habits, complete the following listening self-evaluation. It will give you an idea of which listening habits you can be happy about and which ones you might want to reshape. Answer each question thoughtfully.

EFFECTIVE COMMUNICATING SELF-EVALUATION

Communicating Knowledge and Attitudes	**Most of the Time**	**Frequently**	**Occasionally**	**Almost Never**
Put an X in the appropriate column. Do you:				
1. Tune out people who say something you don't agree with or don't want to hear				
2. Concentrate on what is being said even if you are not really interested.				
3. Assume you know what the talker is going to say and stop listening?				
4. Repeat in your own words what the talker has just said?				
5. Listen to the other person's viewpoint, even if it differs from yours?				
6. Learn something from each person you meet, even if it is ever so slight?				
7. Find out what words mean when they are used in ways not familiar to you?				
8. Form a rebuttal in your head while the speaker is talking?				
9. Give the appearance of listening when you aren't?				
10. Daydream while the speaker is talking?				
11. Listen to the w hole message-what the talker is saying verbally and nonverbally?				
12. Recognize that words don't mean exactly the same thing to different people?				
13. Listen to only what you want to hear, blotting out the talker's whole message?				
14. Look at the person who is talking?				
15. Concentrate on the talker's meaning rather than how he or she looks?				
16. Know which words and phrases you respond to emotionally?				
17. Think about what you want to accomplish with your communication?				
18. Plan the best time to say what you want to say?				
19. Think about how the other person might react to what you say?				

Communicating Knowledge and Attitudes	Most of the Time	Frequently	Occasionally	Almost Never
20. Consider the best way to make your communication (written, spoken, phone, bulletin board, memo, etc.) work?	_____	_____	_____	_____
21. Think about what kind of person you're talk to (worried, hostile, disinterested, rushed, shy, stubborn, impatient, etc.)?	_____	_____	_____	_____
22. Interrupt the talker while he or she is still talking?	_____	_____	_____	_____
23. Think, "I assumed he or she would know that"?	_____	_____	_____	_____
24. Allow the talker to vent negative feelings toward you without becoming defensive?	_____	_____	_____	_____
25. Practice regularly to increase your listening efficiency?	_____	_____	_____	_____
26. Take notes when necessary to help you to remember?	_____	_____	_____	_____
27. Hear noises without being distracted by them?	_____	_____	_____	_____
28. Listen to the talker without judging or criticizing?	_____	_____	_____	_____
29. Restate instructions and messages to be sure you understand correctly?	_____	_____	_____	_____
30. Paraphrase what you believe the talker is feeling?	_____	_____	_____	_____

Scoring Index

Circle the number that matches the time frame (most of the time, frequently, etc.) you checked on each of the 30 items of the self-evaluation.

Example: If you put a 4 under "frequently" for number 1, you would circle 2 in the "frequently" column.

Then, add the circled scores in each of the columns. Now, write the scores of each column in the lines under each time frame category.

	Most of the Time	Frequently	Occasionally	Almost Never
1.	1	2	3	4
2.	4	3	2	1
3.	1	2	3	4
4.	4	3	2	1
5.	4	3	2	1
6.	4	3	2	1
7.	4	3	2	1
8.	1	2	3	4
9.	1	2	3	4
10.	1	2	3	4
11.	4	3	2	1
12.	4	3	2	1
13.	1	2	3	4
14.	4	3	2	1
15.	4	3	2	1
16.	4	3	2	1
17.	4	3	2	1
18.	4	3	2	1
19.	4	3	2	1
20.	4	3	2	1
21.	4	3	2	1
22.	1	2	3	4
23.	1	2	3	4
24.	4	3	2	1
25.	4	3	2	1
26.	4	3	2	1

27.	4	3	2	1
28.	4	3	2	1
29.	4	3	2	1
30.	4	3	2	1
Totals	_____	_____	_____	_____

Total of items circled in each column:

_____

_____

The higher your score, the more skilled you are at listening.

T-P LEADERSHIP QUESTIONNAIRE

Name _____ Group _____

Directions: The following items describe aspects of leadership behavior. Respond to each item according to the way you would most likely act if you were the leader of a work group. Circle whether you would most likely behave in the described way: always (A), frequently (F), occasionally (O), seldom (S), or never (N).

A	F	O	S	N	1.	I would most likely act as the spokesman of the group.
A	F	O	S	N	2.	I would encourage overtime work.
A	F	O	S	N	3.	I would allow members complete freedom in their work.
A	F	O	S	N	4.	I would encourage the use of uniform procedures.
A	F	O	S	N	5.	I would permit the members to use their own judgment in solving problems.
A	F	O	S	N	6.	I would stress being ahead of competing groups.
A	F	O	S	N	7.	I would speak as a representative of the group.
A	F	O	S	N	8.	I would needle members for greater effort
A	F	O	S	N	9.	I would try out my ideas in the group.
A	F	O	S	N	10.	I would let the members do their work the way they think best.
A	F	O	S	N	11.	I would be working hard for a promotion.
A	F	O	S	N	12.	I would tolerate postponement and uncertainty.
A	F	O	S	N	13.	I would speak for the group if there were visitors present.
A	F	O	S	N	14.	I would keep the work moving at a rapid pace.
A	F	O	S	N	15.	I would turn the members loose on a job and let them go to it.
A	F	O	S	N	16.	I would settle conflicts when they occur in the group.
A	F	O	S	N	17.	I would get swamped by details.
A	F	O	S	N	18.	I would represent the group at outside meetings.

A	F	O	S	N	19.	I would be reluctant to allow the members any freedom of action.
A	F	O	S	N	20.	I would decide what should be done and how it should be done.
A	F	O	S	N	21.	I would push for increased production.
A	F	O	S	N	22.	I would let some members have authority, which I could keep.
A	F	O	S	N	23.	Things would usually turn out as I had predicted.
A	F	O	S	N	24.	I would allow the group a high degree of initiative.
A	F	O	S	N	25.	I would assign group members to particular tasks.
A	F	O	S	N	26.	I would be willing to make changes.
A	F	O	S	N	27.	I would ask the members to work harder.
A	F	O	S	N	28.	I would trust the group members to exercise good judgment.
A	F	O	S	N	29.	I would schedule the work to be done.
A	F	O	S	N	30.	I would refuse to explain my actions.
A	F	O	S	N	31.	I would persuade others that my ideas are to their advantage.
A	F	O	S	N	32.	I would permit the group to set its own pace.
A	F	O	S	N	33.	I would urge the group to beat its previous record.
A	F	O	S	N	34.	I would act without consulting the group.
A	F	O	S	N	35.	I would ask that group members follow standard rules and regulations.

T _____ **P** _____

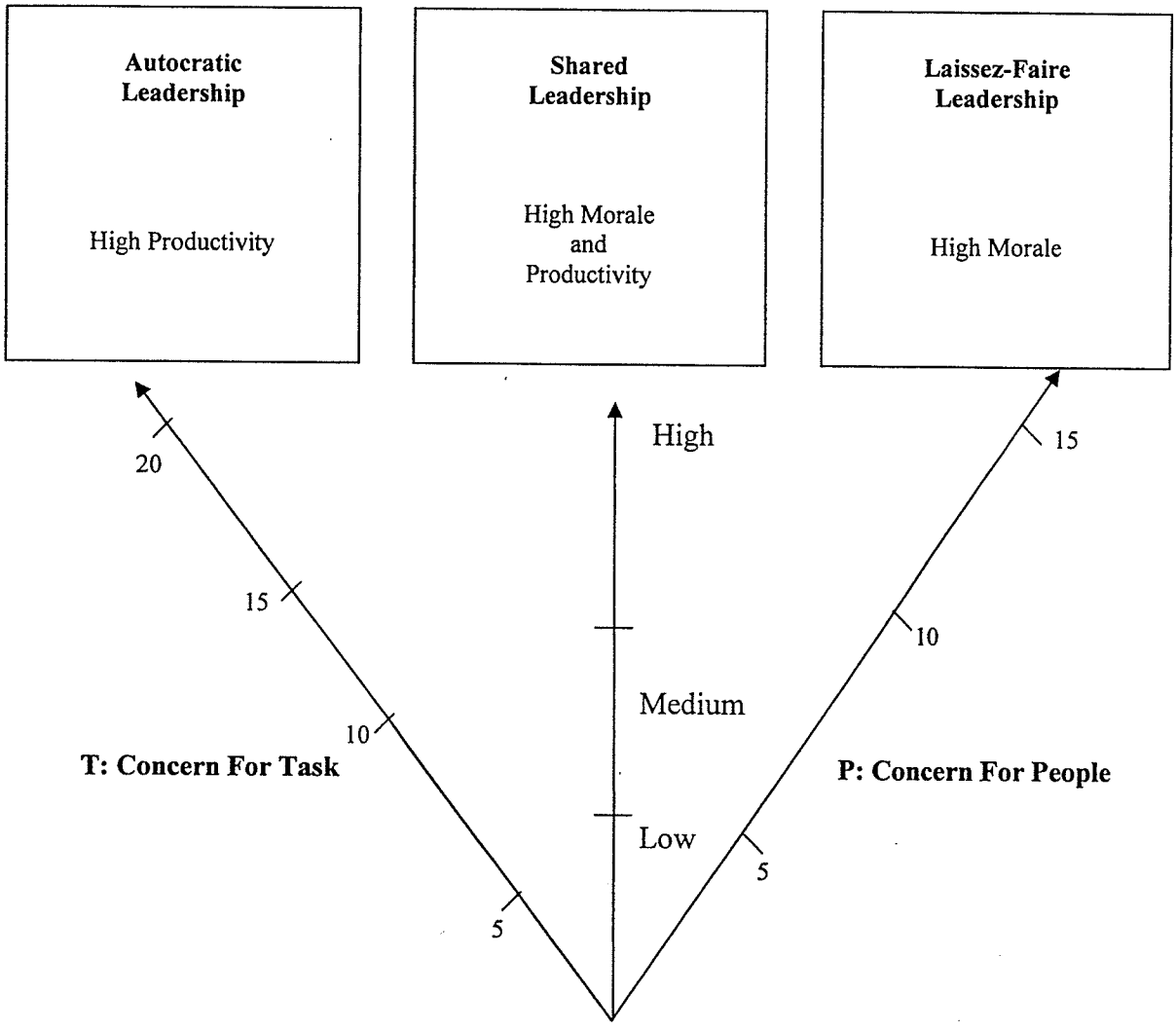
T-P LEADERSHIP-STYLE PROFILE SHEET

Name _____ Group _____

Directions: To determine your style of leadership, mark your score on the *concern for task* dimension (T) on the left-hand arrow below. Next, move to the right-hand arrow and mark you score on the *concern for people dimension* (P). Draw a straight line that intersects the P and T scores. The point at which that line crosses the *shared leadership* arrow indicates your score on that dimension.

SHARED LEADERSHIP RESULTS FROM

BALANCING CONCERN FOR TASK AND CONCERN FOR PEOPLE



Introduction to the Facilitator and Workshop Sessions

My name is Faye Ostrove and I have been working in the field of Mental Health for the past twenty plus years. My educational background includes both nursing and social work. My work experience includes both inpatient and community mental health. As a front line nurse, I worked extensively with individuals experiencing a range of mental health issues. In community I developed a pilot project for a non-profit agency with the objective of providing community mental health services on a permanent basis.

With a desire to continue to expand both my work and educational skills, I took a position as a front-line manager. As part of the completion of the MSW program (in the Social Services/Administration Stream), I developed this workshop as a way to explore some of the critical aspects (themes) to enhance and improve professional practice. Although there is quite a bit of research on how to promote teamwork in the workplace through educational opportunities and training, there was a noticeable lack of research/studies in terms of structured training that would assist managers/facilitators to enhance/promote teamwork in their workplaces.

I am hoping that through your valued participation, input, and evaluation, this workshop may utilized by others to enhance their professional practice.

The themes entailed in this workshop were chosen for several reasons, such as they appeared frequently in the literature as significant, they were unique, and/or they allowed for further enhancement and development of current skill, knowledge, and abilities.

The topics include:
(1) Organizational context and the influence of social norms on team learning and functioning;
(2) Individual learning styles; (3) Styles of coping;
(4) Communication techniques; (5) Leadership styles; (6) Dealing with conflict;
(7) Psychological trust and team learning; and, (8) Collective efficacy.

Each session will identify learning objectives and a personal development objective. As mentioned, the workshop is designed to promote thinking and reflection about certain themes as well as providing information about the topics. As mentioned, the sessions are structured for participants to share as much as they are comfortable with, and there is no intent to make participants uncomfortable sharing information. We can challenge ourselves individually to think about the issues reflectively.

The workshop format was chosen as the most interesting and fun way for professionals to share and explore the themes related to interdisciplinary teamwork.

Each session is structured fairly similarly, beginning with an opener/energizer to help us relax, de-stress and try and focus on what we will learn, a mini-lecturette to inform participants of where the information for the activities such as exercise, surveys, games, videos, etc...were

developed from. There will be a ten minute rest-break, to use the washrooms, located at the (fill in), and grab a cup of coffee or a cold drink.
Each session will conclude with an opportunity for reflection on the day's material and this be done in two ways: Identifying and sharing of information learned with present colleagues; and by evaluation of the session presented by the facilitator.

All the information discussed and shared here will be maintained in strictest confidentiality by the facilitator and the expectation holds for the participants.
(As members of a health care team, I am assuming that you are all familiar with PHIA, and I would ask that you hold the information you become familiar with about your peers in the same fashion).

Clarification of two points to emphasize:

1. The terms facilitator/manager/leader are used interchangeably throughout the workshop

2. The terms interdisciplinary/multidisciplinary are used interchangeably as well.

Any Questions so far?

Review of informed consent signed by participants.

UNIVERSITY OF MANITOBA

RESEARCH SERVICES & PROGRAMS
Office of the Vice-President (Research)

244 Engineering Bldg.
Winnipeg, MB R3T 5V6
Telephone: (204) 474-8418
Fax: (204) 261-0325
www.umanitoba.ca/research

APPROVAL CERTIFICATE

13 July 2004

TO: **Faye Ostrove** (Advisor P. Newman)
Principal Investigator

FROM: **Wayne Taylor, Chair**
Joint-Faculty Research Ethics Board (JFREB)

Re: **Protocol #J2004:107**
Facilitator's Interdisciplinary Team Work Training Workshop"

Please be advised that your above-referenced protocol has received human ethics approval by the **Joint-Faculty Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note that, if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

UNIVERSITY OF MANITOBA | Faculty of Social Work

521 Tier Building
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-7050
Fax (204) 474-7594
Social_Work@UManitoba.CA

INFORMED CONSENT

Participants

Facilitator's Inter-Disciplinary Teamwork Training Workshop

1. This workshop is designed to assist both current and aspiring teamwork leaders to re-enforce and develop skills, which will enhance effective facilitation of interdisciplinary teamwork practice. The goal of the workshop is to have you perceive that your capacity to facilitate teamwork is improved as a result of your participation. A second goal is for the researcher to learn what types of workshop content and facilitation are effective.

2. The workshop consists of two days. Each day is eight hours in length exploring characteristics identified in the literature as crucial for the successful facilitation of effective teamwork. Topics include:
   a) organizational context
   b) individual learning styles
   c) styles of coping
   d) communication techniques
   e) leadership styles
   f) dealing with conflict
   g) psychological trust & team learning
   h) collective efficacy

Participants will be expected to participate in the workshop as well as completing two short surveys between the two days. Each topic will consist of a brief lecturette identifying the concepts to be explored. Participants will then engage in a variety of experiential and interactional exercises designed to encourage an understanding of the topic areas as they relate to teamwork. These will include discussion, application of the concepts through use of simulations and team development games, for the purpose of problem solving teamwork issues. Each topic was drawn from teamwork facilitation literature and is applicable to the healthcare field. Participants will be given an opportunity to debrief at the end of each day and to assess the extent to which they can utilize the concepts in their own practice.

The workshop will be co-facilitated by two persons, the researcher and a member of the researcher's University Advisory Committee. The researcher will assume the primary role in the facilitation of the workshop.

3. Risk. It is not anticipated that there will be any risk from participation in this workshop greater than there would be in the normal conduct of your everyday life.

4. No recording devices will be utilized in the workshop.

5. Confidentiality: The consent and participant satisfaction forms will be stored in locked cabinet and destroyed at the end of the study. The participant satisfaction survey forms will only be identified by you placing a non-sense code on your surveys; surveys will be placed directly into an envelope and stored in the cabinet. Although your name will not be used in the practicum report or any publication, Those who know you were involved in the training may be able to identify you.

6. Feedback/Debriefing; at the conclusion of the project you will receive a brief summary of the participant/satisfaction surveys.

7. No form of renumeration or credit will be provided for your participation. Nor will there be any fees charged.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the workshop and agree to participate as a subject. In no way does this waive your legal rights nor release the researcher, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

This research has been approved by the joint Faculty REB. If you have any concerns or complaints about this project you may contact any of the above named persons or the Human Ethics Secretariat at 474-7122,
A copy of this consent form has been given to you for your records and reference.

Participants Signature Date

Researcher and /or Delegate's Signature Date

Registration Form

Name: .....

Title:_____

Area of Responsibility:_____

Department:_____

Work Phone:_____

Home Phone: _____

Fax:_____

Email:_____

If you would like more information about this workshop please contact
Faye Ostrove
Patient Care Team Manager
Mental Health Program

I understand that this is part of the requirements for completion of a MSW by the Facilitator, Faye Ostrove.

As such, by registering for this course, I agree to participate in a confidential evaluation of the workshop materials and the Facilitator. This evaluation will be completed during the workshop and requires no extra time or commitment. Feedback will not be traceable to individual participants.

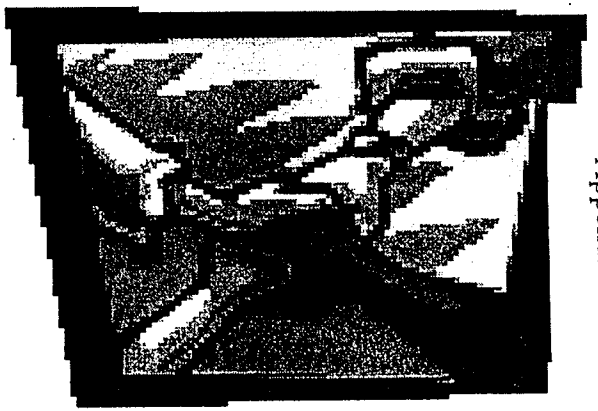
YES____I agree to participate.

Please send me a consent form.

REGISTRATION DEADLINE

January 12, 2005

The Challenges of Facilitating Teamwork in Times of Change!



Appendix F

2 - DAY SEMINAR
Friday January 14/05
&
Monday January 24/05
8:30 - 4:30 PM
Seven Oaks General Hospital
2300 McPhillips Street
ROOM 2SS27

Effective Use of Teamwork is a well established means of providing Quality Care to program users and satisfaction to providers.
As such, it has become the method of choice of service delivery.

In our role of facilitating teams, we rely on past management skills to facilitate teams.

Very seldom, do we have the opportunity to reflect on the key elements our current professional skills and how they can be applied to our effective facilitation of teams.

Facilitator

The facilitator is Faye Ostrove who is providing this workshop as part of a requirement for her MSW degree.

Faye has done extensive research in this area, is an experienced facilitator and currently works as a team manager in the health field.

This workshop will provide us with the opportunity to consciously consider the utilization of these skills in creating even more effective teams in a relaxed setting without daily work pressures.
It will provide an opportunity to share best practices experiences with colleagues.

The content: based on themes identified in research include:

- Organizational context and change

- Impact of learning styles on team functioning

- Coping skills in teamwork

- Effective communication

- Impact of leadership styles

- Conflict and resolution

- Psychological safety and team learning

- Collective efficacy in teams

The workshop is designed to:

Have you explore essential themes;

Provide learning and reflection in an informal atmosophere;

Be interactive and share information

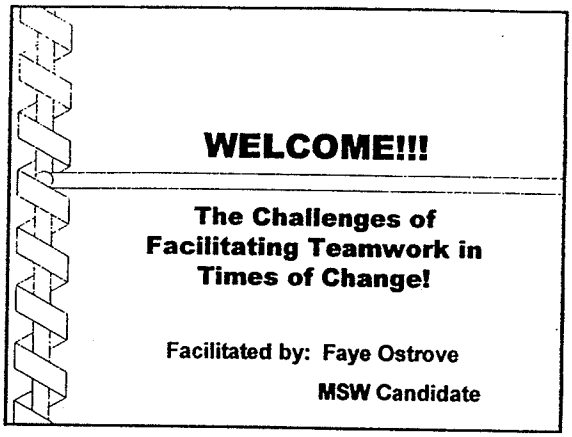
Apply professional skills to team facilitation]

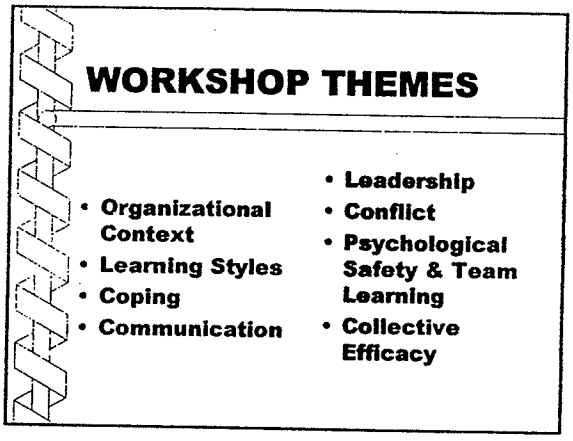
Generally augment your current skills;

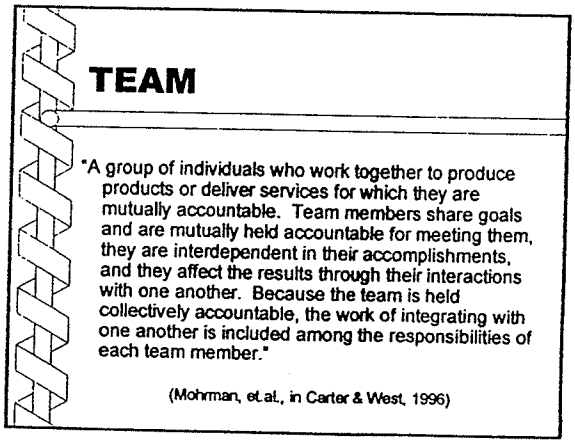
Address the potential needs of team facilitators as our organizations move toward integrated models of care.

THE WORKSHOP IS;

-COST FREE
-ALLOWED TIME OFF TO ATTEND
-CAN BE APPLIED AS MIRSW CREDIT HOURS


WELCOME!!!
The Challenges of Facilitating Teamwork in Times of Change!
Facilitated by: Faye Ostrove
MSW Candidate


WORKSHOP THEMES
• Organizational Context
• Learning Styles
• Coping
• Communication
• Leadership
• Conflict
• Psychological Safety & Team Learning
• Collective Efficacy


TEAM
"A group of individuals who work together to produce products or deliver services for which they are mutually accountable. Team members share goals and are mutually held accountable for meeting them, they are interdependent in their accomplishments, and they affect the results through their interactions with one another. Because the team is held collectively accountable, the work of integrating with one another is included among the responsibilities of each team member."
(Mohrman, et.al., in Carter & West, 1996)

ORGANIZATIONAL CONTEXT

PURPOSE

To identify concepts related to work of mangers/leaders of interdisciplinary teams within the context of change

LEARNING OBJECTIVES

- To identify one approach currently used for cooperative work.
- To name four common themes of cooperative work

GAME THEORY

- Behavior that is goal-directed
- Rules that determine player's roles
- Set limits and expectations for behavior

GAMES

- Part of human society since pre-historic times
- Early game playing was directly related to adaption and survival

GAMES & SOCIALIZATION

- Mini-life situations, involving role conformity, acceptance of basic norms of the group, and of aggression
- Illustrate models of power
- A leader and followers

GAMES & SOCIALIZATION

- Allow for development of skills such as negotiation and compromise; cooperation or competition
- Utilized to promote change through communication, problem-solving & socialization

GAMES & SOCIALIZATION

- In a game, players have roles to play, goals they try to achieve, activities to perform, constraints on what can be done, and payoffs (positive or negative) as a result of their actions and the actions of other elements in the system (including chance)

COMPONENTS FOR EFFECTIVE TEAMWORK

- Common goals
- Communication
- Group cohesion
- Fairness
- Autonomy
- Leadership

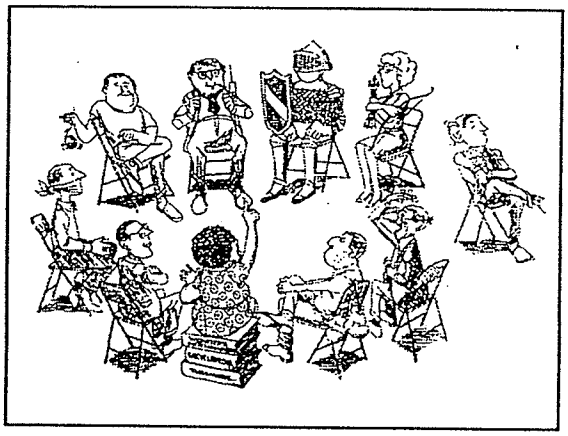
LEARNING STYLES

PURPOSE

To understand how to maximize a team's strengths by incorporating differing personal and professional approaches

LEARNING OBJECTIVES

- To identify the four different learning styles and types of the Kiersey Temperament Sorter
- To identify individual learning styles and personality type and how these contribute to work style
- To identify ways personal and professional differences can enhance a team's productivity



COLLABORATION

It has been suggested that collaboration in teamwork will be more beneficial for the patients/clients we serve when we as health care providers can appreciate and value differences in perspective

UNIQUENESS OF DISCIPLINES

- Different disciplines bring particular views and strengths to the client situation
- The process of acquiring a professional identity and norms of practice is ongoing and both reflective and dynamic

UNIQUENESS OF DISCIPLINES

- Interdisciplinary collaboration and communication needs improvement
- Assumptions about people based on occupation, discipline, or personality type may hinder this process

FACILITATING COLLABORATION

- Awareness of temperament, learning styles, occupational preferences, and professional differences
- Inter-professional or team training awareness of difference
- Rather than forcing change & assuming that differences are flaws or afflictions, it is best to understand and accept difference

ARCHETYPES OR STEREOTYPES

- **NURSE** = Great Mother
- **SOCIAL WORKER** = Scapegoat or 'itinerant healer'
- **DOCTOR** = Hero, Warrior-God

COPING: the Stress of Change

PURPOSE

To develop an awareness of the potential impact differing styles of coping with stress may have on workplace settings, particularly on team goal setting and team task performance

LEARNING OBJECTIVES

- To identify the five stress coping styles
- To identify three potential conflicts that can impact team functioning when individuals use different coping styles.
- To identify personal coping styles.

5 STESS SYMPTOMS

1. Affective or emotional
2. Cognitive or thoughts
3. Physical or symptoms
4. Behavior or actions
5. Motivational

EMOTION

- A complex organizational psychological and physiological reaction to a cognitive appraisal, action impulse, and somatic reaction

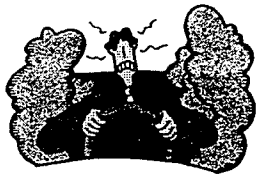
COPING

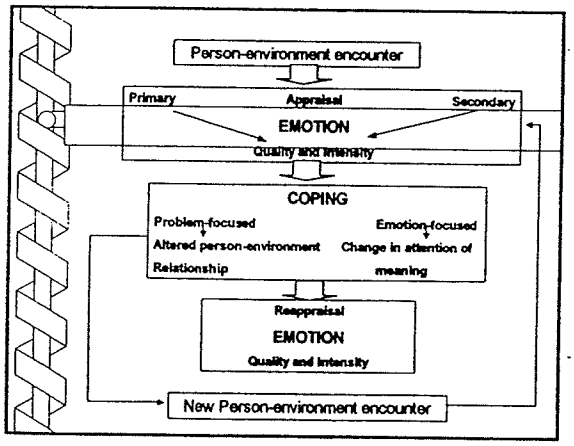
- Cognitive and behavioral efforts to manage specific external and/or internal demands appraised as taxing or exceeding the resources of the person

EMOTION AND COPING

- Coping is a response to emotion and serves the function of arousal or tension reduction
- Emotion can impair adaptation by interfering with cognitive functioning, I.e. anxiety which impairs performance, or stage fright

Transactional Stress Process Model





PROBLEM-FOCUSED COPING

- Involves efforts undertaken by the individual to manage or alter the conditions which are the source of the stress
- Studies show this kind of coping is effective in reducing stress in the work setting

EMOTION-FOCUSED COPING

- Involves efforts undertaken by the individual to regulate stressful emotions by the use of mechanisms that avoid direct confrontation with the source of the stress

EMOTION-FOCUSED COPING

- PROBLEM-REAPPRAISAL
  - This involves efforts to manage the appraisal of the stressfulness of the event
- AVOIDANCE
  - Which includes efforts to reduce tension by avoiding dealing with the problem.

PROBLEM-FOCUSED COPING

- Health professionals who rely on more productive coping responses are able to deal more effectively with stress to improve work performance and individual productivity.

The coping process itself may be more important than stress involved

MITIGATING STRESS IN TEAMS

- Clear team goals
- Supportive relations between team members
- Recognition of the team by the organizational context
- Training ***(not only for the job, but for team work as well)***

WELCOME TO DAY 2!!!

The Challenges of Facilitating Teamwork in Times of Change!

Want to give me a hint what your mad about?

COMMUNICATION

PURPOSE

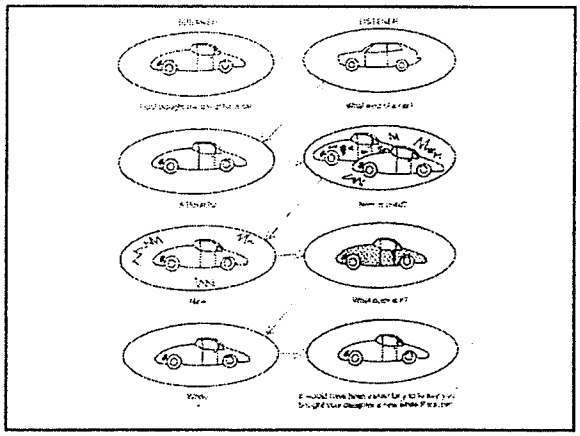
To understand the critical role of active listening in communication.

LEARNING OBJECTIVES

- To identify the five listening styles
- To identify which level of listening is most effective for teamwork

STYLES OF LISTENING

- The Faker
- The Dependent Listener
- The Interrupter
- The Self-conscious Listener
- The Intellectual / Logical Listener



3 LEVELS OF LISTENING

- **LEVEL I** Listening in spurts
- **LEVEL II** Hearing words but not really listening
- **LEVEL III** Emphatic listening

LEADERSHIP

PURPOSE

Participants will develop an awareness of leadership styles and how they provide structure, direction and support to team members.

LEARNING OBJECTIVES

- To understand the importance of positive enabling
- To identify two styles of leadership and the strengths & limitations of each

ENABLING EFFECTIVE COLLABORATION

- Encourage people to learn 'how to think' rather than 'what to think'
- Know that not every situation fits inside a box—know when to think beyond the box

TWO LEADERSHIP STYLES

Transactional Leader	Transformational Leader
• Task Oriented • Rewards Good Performance • Draws attention to performance that falls short	• Influences thru vision & charisma • Motivates • Coaches, listens, teaches

TRANSACTIONAL LEADER

TWO COMPONTENTS TO THIS STYLE:

- Management by exception
  - spotting and correcting mistakes
- Contingent reward
  - exchange rewards for effort or performance

TRANSFORMATINAL LEADER

FOUR COMPONENTS TO THIS STYLE

- Individualized
- Intellectual stimulation
- Inspirational motivation
- Idealized influence

EMOTIONAL INTELLIGENCE

- Self Regulation
- Self Awareness
- Self Motivation
- Social Awareness
- Social Skills

DEALING WITH CONFLICT

PURPOSE

To learn a five-step method for dealing with or managing team conflict.

LEARNING OBJECTIVES

- To be aware the five steps in the method
- To gain familiarity with using the DESC Script
- To become familiar with the terms proportional conflict and perceptual conflict

GROUP DEVELOPMENT THEORY

STAGE I	*Dependency and inclusion;*
STAGE II	*Counter-dependency and fight*
STAGE III	*More mature negotiations occur around the roles, goals,and procedures as trust and structure evolve.*
STAGE IV	*This is where the productivity of the group is realized*
STAGE V	*Only occurs if the team is time-limited*

CONFLICT DEFINED

"sharp disagreement or opposition as of interest or ideas; clash; to be antagonistic, incompatible, contradictory; be in opposition; clash".

- *Webster's Dictionary*

" an awareness by employees involved in the conflict that discrepancies, or incompatible wishes or desires, exist between them".

- *Boulding, 1963*

3 TYPES OF TEAM CONFLICT

- Relationship Conflict
- Task Conflict
- Process Conflict

TWO ADDITIONAL CONCEPTS

Proportion Conflict Composition

- describes the relationship among the types

Perceptual Conflict Composition

- looks at the degree to which each individual in a group perceives levels of conflict differently from other members' perceptions.

PROMOTING CONSTRUCTIVE CONFLICT RESOLUTION

- Control yourself
- Conceptualize the issues
- Listen
- Express what is happening
- Provide feedback to the team members

DESC SCRIPT

- **Describe**
  - What's happening
- **Express**
  - What's the impact
- **Specify**
  - What needs to be different
- **Consequences**
  - Positive achievements of making the change

TEAM PSYCHOLOGICAL SAFETY AND LEARNING BEHAVIOR

PURPOSE

To become familiar with the concept known as psychological safety and its role in the team's ability to learn.

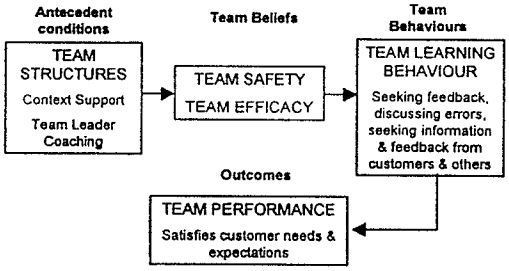
LEARNING OBJECTIVES

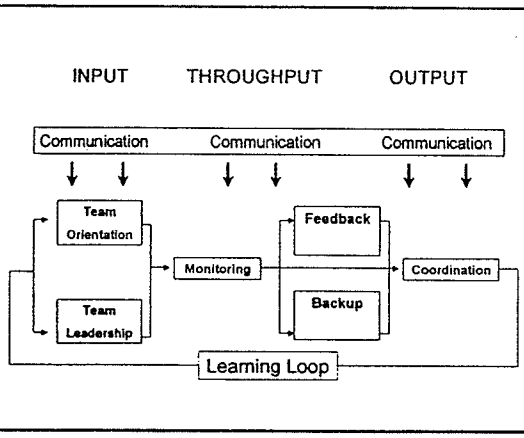
- To identify the components of the team learning model.
- List behaviors identified as risk taking

LEARNING ENVIRONMENT

- Important for the team's potential to resolve conflict, learn from mistakes, and to improve work-team performance, especially in this climate of change.

A Model of Work-Team Learning





PSYCHOLOGICAL SAFETY

- A shared belief among team members that interpersonal risk taking is permitted
- It is safe for team members to seek feedback
- Share mistakes
- And ask for help

PSYCHLOGICAL SAFETY REQUIRES A CLIMATE OF TRUST

- More inclined to share mistakes, which can promote team learning.
- Must characterize the entire group.
- Team members must have shared perception of what psychological safety is.
- Team psychological safety prerequisite for team learning regardless of type of team, & particularly important in environments characterized by change and insecurity.

FACTORS TEAM LEADERS INFLUENCE

- Leader Coaching Behavior
- Leader Flexibility
- 'Reflexivity'
  - Critical analysis & reflective action

COLLECTIVE EFFICACY

PURPOSE

To become familiar with the concepts of collective efficacy and collectivistic orientation and how these may contribute to the effectiveness of team performance.

LEARNING OBJECTIVES

- To distinguish collective efficacy from self-efficacy.
- To define the concept of collectivistic orientation.
- To identify effects each of above on teamwork
- To become familiar with concept of *Group Think*.

EFFICACY

- **Self-efficacy** is one's belief in ones capability to perform a given task.
- **Collective efficacy** refers to perceptions about a team's capability to perform in a particular situation

Collective efficacy is not simply the sum of individual group members self efficacy perceptions.

COLLECTIVISTIC ORIENTATION

- A general orientation toward group goals and proclivity to cooperate in group endeavors

COLLECTIVISTIC ORIENTATION

- Self-efficacy for teamwork
- External task locus of control
- Positive past experience working in team contexts
- Meeting needs for affiliation and approval

TEAM

"A group of individuals who work together to produce products or deliver services for which they are mutually accountable. Team members share goals and are mutually held accountable for meeting them, they are interdependent in their accomplishments, and they affect the results through their interactions with one another. Because the team is held collectively accountable, the work of integrating with one another is included among the responsibilities of each team member."

(Mohrman, et.al., in Carter & West, 1996)

GROUP THINK

- A tendency for group members to express agreement with the majority, in order to be accepted.

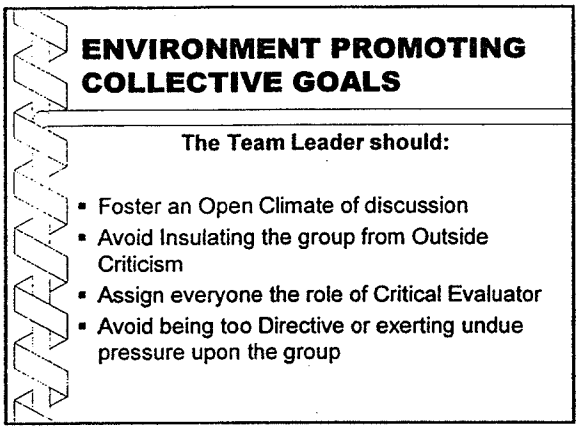
GROUP THINK

Group Think in organizations is more likely to occur when:

- There is high group cohesiveness
- Members view the group positively and want to retain their membership in the group
- There is a history of recent setbacks.

8 SYMPTOMS OF GROUP THINK

1. Believe immune from error
2. Ignore ethical and moral consequences of a decision
3. Focus on past successes as a guarantee of future success
4. Negative view of outsiders--stereotypes
5. Self censorship
6. Direct pressure
7. Mind Guarding
8. Illusion of Unanimity


ENVIRONMENT PROMOTING COLLECTIVE GOALS
The Team Leader should:
Foster an Open Climate of discussion
Avoid Insulating the group from Outside Criticism
Assign everyone the role of Critical Evaluator
Avoid being too Directive or exerting undue pressure upon the group

Appendix H

Participant Survey

Topic I—Organizational Context

You can help make improvements to the workshop by answering all the following questions about the experiences you have had. All your opinions, whether positive or negative, are very valuable, including any comments or suggestions below each question and at the end of the survey (using the back of the page if necessary). To ensure that you cannot be identified by your responses do not sign your name.

Circle the one comment in each question that best describes your opinion.

1. The theme just presented was relevant to my needs as team facilitator

1	2	3	4
Not at all relevant	Not very relevant	Somewhat relevant	Very relevant

Please explain:

2. The material was presented at an appropriate level of challenge for me

1	2	3	4
Not at all	Not very	Somewhat	Very much

Please elaborate:

3. The various activities used to elaborate this theme were helpful in making it meaningful

1	2	3	4
Not at all	Not very	Somewhat	Very

In what ways?

4. The facilitator respected my ideas about this theme

1	2	3	4
Not at all	Not much	Somewhat	A great deal

As demonstrated by:

General Comments:

Participant Survey

Topic II—Learning Styles

You can help make improvements to the workshop by answering all the following questions about the experiences you have had. All your opinions, whether positive or negative, are very valuable, including any comments or suggestions below each question and at the end of the survey (using the back of the page if necessary). To ensure that you cannot be identified by your responses do not sign your name.

Circle the one comment in each question that best describes your opinion.

1. The theme just presented was relevant to my needs as team facilitator

1	2	3	4
Not at all relevant	Not very relevant	Somewhat relevant	Very relevant

Please explain:

2. The material was presented at an appropriate level of challenge for me

1	2	3	4
Not at all	Not very	Somewhat	Very much

Please elaborate:

3. The various activities used to elaborate this theme were helpful in making it meaningful

1	2	3	4
Not at all	Not very	Somewhat	Very

In what ways?

4. The facilitator respected my ideas about this theme

1	2	3	4
Not at all	Not much	Somewhat	A great deal

As demonstrated by:

General Comments:

Participant Survey

Topic III—Coping

You can help make improvements to the workshop by answering all the following questions about the experiences you have had. All your opinions, whether positive or negative, are very valuable, including any comments or suggestions below each question and at the end of the survey (using the back of the page if necessary). To ensure that you cannot be identified by your responses do not sign your name.

Circle the one comment in each question that best describes your opinion.

1. The theme just presented was relevant to my needs as team facilitator

1	2	3	4
Not at all relevant	Not very relevant	Somewhat relevant	Very relevant

Please explain:

2. The material was presented at an appropriate level of challenge for me

1	2	3	4
Not at all	Not very	Somewhat	Very much

Please elaborate:

3. The various activities used to elaborate this theme were helpful in making it meaningful

1	2	3	4
Not at all	Not very	Somewhat	Very

In what ways?

4. The facilitator respected my ideas about this theme

1	2	3	4
Not at all	Not much	Somewhat	A great deal

As demonstrated by:

General Comments:

Participant Survey

Topic IV—Communication

Practicality / Applicability of Theme to your work
You can help make improvements to the workshop by answering the following questions about the experiences you have had. I am very interested in your honest opinions, whether these are positive or negative. I would appreciate an answer to all of the questions. As well, please provide any comments or suggestions below each question or at the end of the survey.

Please do not put your name on this survey so that I can ensure that you cannot be identified with your responses.

Circle the number for each question that best describes your experience/opinion.

1. To what degree was the theme just presented appropriate to your needs?

1	2	3	4
Not at all appropriate	Not very appropriate	Somewhat appropriate	Very appropriate

2. To what extent was the material presented clear and concise?

1	2	3	4
Not at all	Not very	Somewhat	Very much

3. To what extent did the various activities related to this theme help you to understand the theme?

1	2	3	4
Not at all helpful	Very little help	Somewhat helpful	A great deal of help

General Comments:

Participant Survey

Topic V—Leadership

Practicality / Applicability of Theme to your work
You can help make improvements to the workshop by answering the following questions about the experiences you have had. I am very interested in your honest opinions, whether these are positive or negative. I would appreciate an answer to all of the questions. As well, please provide any comments or suggestions below each question or at the end of the survey.

Please do not put your name on this survey so that I can ensure that you cannot be identified with your responses.

Circle the number for each question that best describes your experience/opinion.

1. To what degree was the theme just presented appropriate to your needs?

1	2	3	4
Not at all appropriate	Not very appropriate	Somewhat appropriate	Very appropriate

2. To what extent was the material presented clear and concise?

1	2	3	4
Not at all	Not very	Somewhat	Very much

3. To what extent did the various activities related to this theme help you to understand the theme?

1	2	3	4
Not at all helpful	Very little help	Somewhat helpful	A great deal of help

General Comments:

Participant Survey

Topic VI—Dealing With Conflict

Practicality / Applicability of Theme to your work
You can help make improvements to the workshop by answering the following questions about the experiences you have had. I am very interested in your honest opinions, whether these are positive or negative. I would appreciate an answer to all of the questions. As well, please provide any comments or suggestions below each question or at the end of the survey.

Please do not put your name on this survey so that I can ensure that you cannot be identified with your responses.

Circle the number for each question that best describes your experience/opinion.

1. To what degree was the theme just presented appropriate to your needs?

1	2	3	4
Not at all appropriate	Not very appropriate	Somewhat appropriate	Very appropriate

2. To what extent was the material presented clear and concise?

1	2	3	4
Not at all	Not very	Somewhat	Very much

3. To what extent did the various activities related to this theme help you to understand the theme?

1	2	3	4
Not at all helpful	Very little help	Somewhat helpful	A great deal of help

General Comments:

Participant Survey

Topic VII—Team Psychological Safety & Learning

Practicality / Applicability of Theme to your work
You can help make improvements to the workshop by answering the following questions about the experiences you have had. I am very interested in your honest opinions, whether these are positive or negative. I would appreciate an answer to all of the questions. As well, please provide any comments or suggestions below each question or at the end of the survey.

Please do not put your name on this survey so that I can ensure that you cannot be identified with your responses.

Circle the number for each question that best describes your experience/opinion.

1. To what degree was the theme just presented appropriate to your needs?

1	2	3	4
Not at all appropriate	Not very appropriate	Somewhat appropriate	Very appropriate

2. To what extent was the material presented clear and concise?

1	2	3	4
Not at all	Not very	Somewhat	Very much

3. To what extent did the various activities related to this theme help you to understand the theme?

1	2	3	4
Not at all helpful	Very little help	Somewhat helpful	A great deal of help

General Comments:

Participant Survey

Topic VIII—Collective Efficacy

Practicality / Applicability of Theme to your work
You can help make improvements to the workshop by answering the following questions about the experiences you have had. I am very interested in your honest opinions, whether these are positive or negative. I would appreciate an answer to all of the questions. As well, please provide any comments or suggestions below each question or at the end of the survey.

Please do not put your name on this survey so that I can ensure that you cannot be identified with your responses.

Circle the number for each question that best describes your experience/opinion.

1. To what degree was the theme just presented appropriate to your needs?

1	2	3	4
Not at all appropriate	Not very appropriate	Somewhat appropriate	Very appropriate

2. To what extent was the material presented clear and concise?

1	2	3	4
Not at all	Not very	Somewhat	Very much

3. To what extent did the various activities related to this theme help you to understand the theme?

1	2	3	4
Not at all helpful	Very little help	Somewhat helpful	A great deal of help

General Comments:

Appendix I

Overall Workshop Evaluation

'ou can help make improvements to the workshop by answering all the following questions about the xperiences you have had. All your opinions, whether positive or negative, are very valuable, ıcluding any comments or suggestions you may have. Please answer each question and provide any ıdditional comments/feedback using the space below and at the end of the survey (using the back of ıe page if necessary). This evaluation includes your opinion of the relevance, practicality, and flow of ıe themes presented. To ensure that you cannot be identified by your responses, do not sign your ame.

ircle the comment for each statement that best describes your experience/opinion.

. **I was satisfied with the dates and time frame of the workshop.**

Very dissatisfied Somewhat dissatisfied Mostly satisfied Very satisfied

I was comfortable with the facility in which the workshop was held.

Very uncomfortable Not too comfortable Somewhat comfortable Very comfortable

The workshop topics presented were relevant to my needs as team facilitator.

Not al all relevant Not very relevant Somewhat relevant Very relevant

The material was presented at an appropriate level of challenge for me.

Not at all Not very Somewhat Very

The facilitator was knowledgeable about the material being presented throughout the workshop.

Not at all knowledgeable Not very knowledgeable Somewhat knowledgeable Very knowledgeable

6. **The material presented was clear and concise.**

Not at all Not very Somewhat Very

7. **The various activities used to elaborate the themes throughout the workshop were helpful in making them meaningful.**

Not at all Not very Somewhat Very

8. **The facilitation of the workshop was conducted in a way that held my attention.**

Not at all Periodically Most of the time Totally

9. **The facilitator respected my ideas throughout the sessions.**

Not at all Not much Somewhat A great deal

10. **Please indicate the degree to which you found the various concepts presented useful. Circle the number that best describes the degree of usefulness of each theme.**

(i) Organizational context.

Not useful 1 2 3 4 5 6 7 8 9 10 Very useful

(ii) Learning styles.

Not useful 1 2 3 4 5 6 7 8 9 10 Very useful

(iii) Coping: The stress of change.

Not useful 1 2 3 4 5 6 7 8 9 10 Very useful

(iv) Communication.

Not useful 1 2 3 4 5 6 7 8 9 10 Very useful

(v) Leadership.

Not useful 1 2 3 4 5 6 7 8 9 10 Very useful

(vi) Dealing with conflict.

Not useful 1 2 3 4 5 6 7 8 9 10 Very useful

(vii) Team psychological safety and learning behavior.

Not useful 1 2 3 4 5 6 7 8 9 10 Very useful

(viii) Team efficacy.

Not useful 1 2 3 4 5 6 7 8 9 10 Very useful

Briefly describe rationale: _____

_____

1. This workshop built my existing knowledge, skills and abilities for future use.

Not at all Not likely Yes, I think so Yes, definitely

2. Overall I was satisfied with the workshop.

Quite Dissatisfied Somewhat dissatisfied Somewhat satisfied Very satisfied

3. I would recommend this workshop to other interdisciplinary team leaders.

No, definitely not No, I don't think so Yes, I think so Yes, definitely

14. **If I had an opportunity to attend further training in interdisciplinary team facilitation I would like to receive additional information on the following**

_____

_____

_____

15. **(i) I have been an interdisciplinary team facilitator for _____ years.**

(ii) I have had previous training in this role. Check one: Yes ____ No ____

Thank you for your participation in the workshop
And your cooperation in completing the surveys.