FOUR

Team Power and Synergy: Project Planning and Program Management Essentials

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■ **Learning Objectives**

1. Identify essential elements of effective teams.
2. Identify and compare the stages of team development.
3. Identify barriers to effectiveness in interdisciplinary teams.
4. Identify multiple strategies for use in managing work.

> **"Never doubt that a small group of thoughtful, committed citizens can change the world."**
>
> **—Margaret Mead**

Key Terms

Ad hoc committee	Performing
Adjourning	Program management
Brainstorming	Project planning
Collaborating	SBAR communication
Forming	Storming
Interdisciplinary team	Synergy
Multidisciplinary team	Task force
Nominal grouping	Team
Norming	

Roles

Advocate	Integrator
Communicator	Leader
Decision maker	Risk anticipator

Professional Values

Altruism	Patient-centric care
Evidence-based practice	Quality
Integrity	Social justice

Core Competencies

Appreciative inquiry	Interpersonal influence
Assessment	Leadership
Coordination	Management
Critical thinking	Resource management
Design	Risk reduction
Emotional intelligence	Systems thinking
Health promotion	

Introduction

There are times when one single individual may possess the knowledge, skills, and abilities to bring about changes in a healthcare system that result in the improvement of care delivery. Singular skills are important, yet to get true buy-in, stakeholder participation is critical. The implementation of any initiative from **project planning** and **program management** can be facilitated through the work of **teams**, and thus it is essential to understand how to maximize the effectiveness of using a team approach.

Essential Elements of Teams

The word *team* has evolved from the original Old English word, *teme*, which indicated lineage, to a later term that referred to two or more animals harnessed to a single vehicle, to its present-day use, which includes several persons associated by work or activity (Merriam-Webster, 2010). Whether one is speaking about football, baseball, corporations, departments, or offices, the word *team* often implies that members of a group are all working toward a common goal or purpose. An examination of the concept of teams in the healthcare literature reveals the frequent use of the terms *interdisciplinary* and *multidisciplinary* in referring to the composition of the teams. Careful examination shows these terms are often used interchangeably, although there is a difference and the distinction is important.

One widely used definition of **interdisciplinary team** was put forth by Drinka and Clark (2000), who defined it as individuals working together in a group to solve problems too complex to be addressed by one discipline or multiple disciplines acting in sequence. Inherent in this definition of the interdisciplinary team is that individuals have diversity in training and in their backgrounds, and that they come together collaboratively in formal or informal structures. The use of individuals who come together from different disciplines allows the team to capitalize on the variations in the approach to problems, provides opportunities for learning about overlapping roles, and accounts for power differences within the organization while establishing the goals and mission of the team.

Similarly, a **multidisciplinary team** also includes professionals from a range of disciplines working together to solve a problem such as would be presented

by the complex healthcare needs of a patient with multiple medical issues (Von Gunten, Ferris, Portenoy, & Glajchen, 2001). Underlying the concept of the multidisciplinary team is that each discipline performs its functions in a sequential manner rather than as a member of an interacting and **collaborating** group, and the goals of each discipline may be established separately from those of the other members of the group (Mitchell, Tieman, & Shelby-James, 2008).

To illustrate the difference between an interdisciplinary team and multidisciplinary team, it is useful to examine the fictional case of patient Imogene Withers (**Box 4-1**).

Box 4-1   Case Study

Mrs. Imogene Withers is an 82-year-old widow admitted to her local hospital following a fall at the local grocery store. On admission, she was found to have a hip fracture and low serum glucose and was noted to live alone. After her hip-replacement surgery, a multidisciplinary discharge planning confer-ence was held on the unit to discuss the patient's potential for discharge. The nurse, surgeon, an internal medicine doctor, physical therapist, social worker, dietitian, and occupational therapist were in attendance. When discussing Mrs. Withers, the surgeon indicated the fracture was healing slowly and he was concerned regarding the patient's ability to ambulate. The physical therapist and occupational therapist reported each had been treating the patient and concurred that her progress had been slower than expected and that she would require more extensive rehabilitation. The dietitian indicated she could evaluate the patient's nutritional status to determine if she had sufficient nutrients to promote healing. The medical doctor indicated Mrs. Withers's hypoglycemia had been attributed to a lack of nutritional intake but that subsequent laboratory tests were within normal limits and no further follow-up for this was needed. The team made the decision to place Ms. Withers in a rehabilitation unit until sufficient progress was made to discharge the patient to her home. Each member of the mul-tidisciplinary team documented his or her recommendations for follow-up care in the patient record.

Mrs. Withers's transfer to the rehabilitation unit was completed and was followed by a request from her nurse to assemble an interdisciplinary team to establish the goals of her care. In addition to Mrs. Withers, the nurse, an internal medicine doctor, a physical therapist, a social worker, a dietitian, and an occupational therapist were in attendance. Following discussion with Mrs. Withers, it was determined that the team would seek to maximize Mrs. Withers's quality of life and safety. The social worker agreed to explore

options for Mrs. Withers's living arrangements once she went home and she arranged to meet with the therapists to determine how to address Mrs. Withers's limitations for living alone. Additionally, the team determined pain and fatigue were deterring Mrs. Withers from participating fully in her therapy, and thus plans were made to provide pain medication prior to therapy and to allow sufficient rest periods between activities. Subsequently, each member of the team determined how he or she could contribute to enhancing Mrs. Withers's quality of life and while addressing her safety requirements. When all the plans were finalized, the nurse documented the interdisciplinary team member proceedings including the plan of care, expected outcomes, and follow-up plans.

Upon review of the case presented on the care of Mrs. Withers, it should be noted that the multidisciplinary approach presents the work of several disciplines with each focusing on its goals for the patient. By contrast, the interdisciplinary approach brings together multiple disciplines, but the goal is one common goal for all disciplines, with everyone assuming complementary roles and working together toward the same ends. In effect, each discipline loses its separate identity and its goals become those of the team (Von Gunten et al., 2001).

Applying concepts of team energy to project management, this seamless approach underscores the need for continuity and flow. In addition to interdisciplinary and multidisciplinary teams, other types of groups that can be formed for problem-solving initiatives are those of **task forces** and **ad hoc committees**. Task forces are groups of individuals who come together for the purpose of completing a given assignment or goal within defined time limits. In similar manner, an ad hoc committee is one formed temporarily to address a specific issue within a specific time frame but is additionally created from a larger grouping or committee (American Heritage Dictionary, 2009). Because of the complexity of the healthcare system, it is assumed that task forces and ad hoc committees will be comprised of individuals from a variety of disciplines, and thus the task forces and ad hoc committees will possess characteristics similar to those of the interdisciplinary teams.

Stages in Team Development

One of the advantages of teams has been identified as providing staff from multiple departments opportunities to resolve operational issues by bringing their

knowledge of what needs to be fixed together with a mechanism to collaborate and take actions (Studer, 2003). This advantage is believed to be the result of **synergy**, which is the phenomenon that occurs when the whole is greater than the sum of its parts as happens with teamwork (Sholtes, 2010). Whether the teams are composed of multiple professionals functioning as a team within one organization or of professionals from multiple organizations, the development of the team is believed to undergo similar stages during the course of work. Four stages of team synergy were identified by Bruce Tuckman in 1965 as including **forming**, **storming**, **norming**, and **performing**, with a fifth stage, **adjourning**, identified in 1977 (Tuckman, 2001).

During forming, the team is assembled, and each member is initially focused on his/her own objectives. Orientation to the tasks or team goals takes place during this phase, and team members often engage in behaviors that test the group dynamics (Tuckman, 2001). Team members' emotional response may vary widely from pride in their selection for the team to apprehension regarding the work ahead (Sholtes, 2010). As the orientation is completed and the tasks and requirements become evident, resistance to the group influence emerges and intragroup conflict may arise, which indicates the team is storming (Tuckman, 2001). During this stage, team members have low levels of trust and often display anger and resentment. While turf battles may ensue, the foundations for trust and respect may be developed during this stage based on how conflicts are resolved. During the norming phase that follows, group cohesiveness develops, and members adjust to their roles in the team (Tuckman, 2001). Open communication during this phase facilitates constructive discussions and the sharing of personal insights (Sholtes, 2010). As the team members bind together around their common goals, the work phase of the team begins and productivity increases rapidly during the performing stage (Tuckman, 2001). Team synergy becomes evident as member roles become flexible and the focus shifts to the tasks at hand. Members will display team loyalty, will be able to capitalize on individual strengths, and will support team efforts. As tasks are completed and the outcomes of the work lead to self-evaluation by the team and its members, the adjourning phase is reached and may lead to sadness and mourning as members face the completion of the goals and group tasks (Tuckman, 2001). A summary of Tuckman's stages of team development is presented in **Table 4-1**.

It should be noted that while Tuckman's model suggests a linear relationship among the phases of team synergy formation, the stages may not occur sequentially

Table 4-1　Tuckman's Stages of Team Development

Stage	Member Dynamics	Task Orientation
1. Forming	Members focus on their goals Group dynamics are tested Pride or apprehension evident	Team established Orientation of team members
2. Storming	Resistance to group goals Conflicts often evident Trust in group is low	Emotional response to tasks Turf wars possible
3. Norming	Trust is established Open communication allowed Ideas shared and accepted	Role adjustment occurs
4. Performing	Team loyalty evident Use of member strengths Positive attitudes evident	Greatest productivity Focus is on tasks and goals
5. Adjourning	Evaluation of outcomes Sadness or mourning may begin as tasks are completed	Team dissolved or transformed

and may be repeated or interrupted at any point in time. Unexpected occurrences, such as the introduction of a new team member, may disrupt established team dynamics and may shift the team to either an earlier or later stage (Tuckman, 2001).

Barriers to Effectiveness in Interdisciplinary Teams

Progression through the stages of team development as identified by Tuckman requires that the team achieve efficiency at each stage. Lencioni (2002) identified barriers to effectiveness at each stage that undermine the effectiveness of teams and cause them to fail in their endeavors. Problems he identified among team members included an inability to trust or have reliance on others, fear of conflict, lack of commitment, having low standards such that accountability is avoided, and inattention to the results of the team and instead a focus on individual achievement.

Addressing each of the barriers identified by Lencioni (2002) is possible through effective leadership. To begin with, the responsibility of a program planner or project manager is to assist team members in developing trust by demonstrating reliance on the team as a means of overcoming the limitation in the knowledge, skills, or abilities of any individual team members. One means to achieve this is through a willingness to demonstrate vulnerability. The second limitation, that of fearing conflict, requires that team leaders support constructive debates and demonstrate the ability to manage it by establishing group norms for dealing with issues in a manner that is respectful of all team members. With a lack of commitment, the underlying problem is a lack of decision-making capacity by the team such that individuals seek consensus instead of achieving a clear position on issues. This can be resolved through inclusion of all points of view in making decisions. Similarly, a lack of accountability can be countered by assisting the team to focus on goals, continually tracking team progress, and communicating frequently with the team through meetings and status reports. Finally, inattention to the results of the team can be minimized through the selection of measures that clearly define success for the team effort and the development of a tracking mechanism to monitor team progress. Success and failures must be equally shared within the team and used to reinforce progress to goals.

In addition to the barriers identified by Lencioni (2002), Atwal and Caldwell (2006) conducted a study of nurses' perception regarding multidisciplinary team-work and identified barriers that hinder teamwork as including the following:

- Different perceptions of teamwork are held by nurses compared with other members of the team.
- A difference in the level of skills required for team members to function within teams is often present.
- Disciplines lack equal power within teams with medical power being dominant.

Their findings suggest that educators and nursing managers should focus on developing staff member abilities to function within teams, and the team skills must include an understanding of the nurse's role as well as those of other disciplines.

Multiple barriers to efficient team functioning in healthcare settings have been identified and are often presented as communication obstacles that are listed in **Box 4-2** (Agency for Healthcare Research and Quality, 2008; O'Daniel & Rosenstein, 2008).

The development of cooperative agendas can ameliorate the impact of communication barriers and can be facilitated by the fact that healthcare team members generally share the value of meeting the needs of patients or clients (O'Daniel & Rosenstein, 2008).

Box 4-2 Communication Obstacles to Team Effectiveness

Gender differences
Distraction (cellular phones, pagers)
Fatigue
Excessive workload
Time constraints
Hierarchical relationships
Information silos
Differences in accountability, compensation, and rewards
Cultural and ethnic differences
Historical professional rivalries
Language and terminology differences
Disruptive behaviors, aggression

Strategies for Work Management

The use of standardized communication tools to support teamwork in complexity of the healthcare environment has been explored in the literature as a means of improving decision making and increasing safety (O'Daniel & Rosenstein, 2008). Strategies include the use of techniques such as **brainstorming**, **nominal grouping**, and **SBAR communication**.

Brainstorming sessions are used to generate a large number of ideas through interaction among team members. In this strategy, the objective of the brainstorming is established and is often directly related to the team goals. One individual is selected to record ideas (generally on a board or flip chart) to avoid duplications. Individuals in the group then call out ideas in turn with the process continuing until no further ideas emerge. The essential rules of brainstorming are that everyone participates and that no discussion, critique, or evaluation of the ideas takes place during the session. Following the creative thinking session, each is clarified to facilitate subsequent discussion of its feasibility.

In similar manner, the nominal group process begins with the establishment of an objective but proceeds with each member generating his or her own list of possible solutions. When sufficient time has been allowed, members take turns calling out their ideas to the group. As with the brainstorming session, ideas are not discussed until all have been presented. Once the list of ideas is complete, clarification follows as with the brainstorming session.

Once ideas are generated using brainstorming or nominal group processes, the team proceeds to decrease the list by such mechanisms as voting to eliminate ideas that are not feasible, identifying items that may be readily implemented (low-hanging fruit), and rank ordering related alternatives. Rank ordering can be accomplished by having individual team members rank each idea and then calculating average scores for each idea to determine the degree of agreement amongst team members. Clarification and discussion of the strengths, weaknesses, opportunities, and threats of each idea can be undertaken by the team and is referred to as a SWOT analysis. Additionally, an affinity diagram, in which ideas are written on cards and placed randomly on a table or chart, can be generated. Like or related ideas are then placed together by group members working silently. When cards are no longer being moved, the group then discusses the ideas and generates a title for each group. Each method is useful in exploring alternative plans of action towards goal attainment.

An additional strategy, that of SBAR communication, was developed at Kaiser Permanente and is among the techniques useful in teamwork for communicating essential information using a standardized format. In this strategy, communication is provided using the format of **s**ituation, **b**ackground, **a**ssessment, and **r**ecommendation (SBAR). To begin with, the situation is outlined using a brief summary of what is going on. This is followed by background information about the clinical situation or the context of the issue. The assessment component presents a statement of what the individual has identified as the problem and is followed by a recommendation of what corrective action is needed. Originally developed to facilitate communication between nurses and physicians, the use of a standardized format within team communication dynamics provides a succinct method of communicating information rapidly.

The work of a team to improve processes can be both challenging and rewarding. Effective leadership is facilitated through the use of structures and tools to ensure participation by all members of the team.

Summary

- Implementation of any initiative from project planning and program management can be facilitated through the work of teams.
- Five stages of team synergy are forming, storming, norming, performing, and adjourning.
- Problems in team development include inability to trust, fear of conflict, lack of commitment, low standards, and inattention to results.
- Multiple strategies may be used to increase the effectiveness of teamwork and include the use of brainstorming, nominal group processes, affinity diagrams, SWOT analyses, and the use of SBAR communication techniques.

Reflection Questions

1. During a period of prolonged emergency leave by the chairperson of the patient safety committee, hospital administrators have requested you assume responsibility for decreasing the number of patient falls in the rehabilitation unit. Upon arriving at the meeting of the patient falls committee, you note members of the rehabilitation medicine teams are sitting together apart from the rest of the group. As the meeting begins, you note they are whispering to each other and are not contributing to the discussions.

   Identify the stage of team development. Identify multiple strategies to use in moving the group forward in achieving the goals of reducing patient falls.

2. The medical unit at a local hospital has identified the need to convene an interdisciplinary team to facilitate intrafacility transfers. Identify what disciplines you would include in the team. Determine what communication norms would be useful to enhance the work of the team.

Learning Activities

1. Identify what committees, teams, or task forces are in place at your local healthcare facility. Attend their meetings and use Tuckman's model to determine what stage of development each team is in.

2.　Analyze communication strategies in use during a departmental meeting. Compare this to the communication strategies in use during an interdisciplinary team meeting. What similarities or differences exist? Identify effective strategies in use, potential barriers to communication, and mechanisms for their elimination.

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