

Team-Building Toolkit

Teams don't just happen. They need to be developed and nurtured.

At Thames Valley Family Health Team, Site Coordinators and Professional Practice Leaders have a major role in supporting team development. This toolkit is designed for them. Other team members can use it as well, but it's recommended they do it in collaboration with either a Site Coordinator or Professional Practice Leader (who will, among other things, be able to pass on practical pointers on using the kit).

This toolkit will

- Show you practical methods for building teams, including methods you may not be familiar with
- Help you size up situations you're facing and understand what approach or set of tools might work best for that situation and why
- Provide you with troubleshooting options when things don't go as planned
- Give you key messages you can use with different "internal audiences" in order to enlist their support

This toolkit provides practical advice along four themes.

 <h3>Team-Building Themes</h3> <p>Click on the hyperlinks to explore each theme</p>	
Figuring out where to start – assessing team functioning	Building mutual trust and respect
Managing conflict	Helping teams manage change

We've carefully selected resources that follow sound logic, have a proven track record, are backed by literature or research, and lend themselves to being applied to real-life situations found at family health teams. We've also included several tools that have been custom-designed.

“In practical terms, transitioning to interprofessional team models of care has been challenging. A shift from solo-practitioner to team-based services involves more than merely pulling together a healthcare practice in which multiple disciplines are provided with a mandate to work together.”

Gocan S, Laplante MA, Woodend AK. (2014)
Interprofessional Collaboration in Ontario’s Family Health Teams:
A Review of the Literature.
Journal of Research in Interprofessional Practice & Education.

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Figuring out where to start – assessing team functioning

Before setting out to improve team functioning, it's important to define who makes up "the team." For the purposes of this toolkit, the team is defined by site (as opposed to the organization as a whole). This includes interdisciplinary healthcare professionals (IHPs) along with family physicians and their clinic staff at each site.

One of the challenges of a large family health team like Thames Valley FHT is to create new, high-functioning teams by incorporating IHPs into many diverse, pre-existing teams (i.e. family physicians and their clinic staff) that have their own histories, cultures, and levels of functioning.

Some sites may have already been successful at redefining their teams to form truly collaborative relationships with IHPs. Others may simply see IHPs as an "add-on" to their pre-existing team and operate much as they did before.

Practical Steps

Assessing current team functioning at a site will help to identify where to focus your team-building efforts. There are different ways of doing this. The following methods can be used separately or in combination with one another:

1. [Reflect on things you've heard or felt about the team.](#)
2. Use a [tool that compares the team's behaviour to TVFHT values](#) to decide on next steps.
3. Use a [custom-designed worksheet](#) that's aligned with the 4 themes of this toolkit to assess your impressions of the team.
4. Complete an [online assessment](#) based on your impressions of the team.
5. [Survey team members](#) using the research-based Group Styles Inventory that's been proven valid and reliable.

Tuckman's [Forming, Storming, Norming and Performing](#) model describes the stages teams typically go through during their development. Understanding these stages allows you to help your team become effective more quickly.

Dos

- ✓ Be clear about your own role, especially as it relates to team development, and communicate it to members of the team. Use the [FHT Perspectives Tool](#) to help you with your messaging.
- ✓ Take time to [build mutual trust and respect](#) before initiating any survey of team members. Also, make sure there aren't other surveys going on within the organization that might be competing for team members' time and attention.
- ✓ Help team members understand how [teamwork and organizational culture impact quality](#).

Don'ts

- ✗ Cast blame
- ✗ Disrespect the work of the pre-existing team
- ✗ Ask people for their input without being clear with them about how you intend to use it
- ✗ Avoid difficult discussions

Example

See how team function can be assessed using some of these tools in a FHT [scenario](#).

Troubleshooting

Problem	Possible reason(s)	Potential next step(s)
You're having trouble getting some team members to find time to speak with you	<ul style="list-style-type: none">• They don't see how you can help them• They're feeling genuinely swamped	<ul style="list-style-type: none">• Come up with an "elevator speech" to describe your role• Make meetings short
Assessment results reveal so many problems, you don't know where to start	<ul style="list-style-type: none">• "Us" vs "Them" thinking• Messy history	<ul style="list-style-type: none">• Start by focusing on building trust and respect

Problem	Possible reason(s)	Potential next step(s)
You're hearing conflicting opinions from different people about how well the team works together	<ul style="list-style-type: none"> • Group members have different perspectives • Some may not be familiar with how a team should work 	<ul style="list-style-type: none"> • Use Group Styles Inventory • Get team members to describe their roles to each other



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Building mutual trust and respect

Trust and respect are prerequisites for effective teamwork. But when colleagues have different areas of expertise – as is the case at family health teams – misunderstandings can easily arise. Team members may have different perspectives, concerns, and priorities. This may lead them to make faulty assumptions about each other's roles or motives.

So how does one bridge the gap?

Practical Steps

First of all, it's important for the team to trust you if they're going to accept your help and guidance. Here are some practical steps that you can take to build mutual trust and respect going into your next meeting with them:

1. Take time to understand the issues that are important to different team members. If necessary, have one-on-one conversations prior to assembling the team. It will give you a chance to hear different perspectives, particularly from people who may not feel safe sharing their ideas in a team meeting. You can also use the [FHT Perspectives Tool](#) to gain insights.
2. Use [Crucial Conversations®](#) principles to guide your one-on-one conversations.
3. Go into the team meeting prepared. Be clear and realistic about what you hope to get out of the meeting. State the meeting purpose at the outset. Have an agenda and share it with the group. Don't try to accomplish too much in the time available.
4. Create a safe environment for people to speak. Set [ground rules](#) and get agreement from the group to follow them. Politely but firmly enforce them.

Model trustworthy behaviour as a leader. Here are some descriptors that often apply to individuals whom others consider to be trustworthy:

- ❖ Listens
- ❖ Responsive to concerns
- ❖ Clear communicator
- ❖ Genuine
- ❖ Cares
- ❖ Truthful

- ❖ “Gets it”
- ❖ Follows through on commitments
- ❖ Reliable
- ❖ Competent (knows what he or she is doing) while understanding own limitations
- ❖ Clear about motives
- ❖ Honest
- ❖ Respectful
- ❖ Admits mistakes and promptly addresses them

Other Techniques

1. Improve role clarity by having team members describe to each other what they do in tangible, real-life terms.
2. Achieve mutual purpose by focusing on [TVFHT’s values](#).
3. Normalize the team’s ups and downs using Tuckman’s [Forming, Norming, Storming, and Performing model](#).
4. [Break down generation barriers](#) by better understanding how the era we were born in influences our attitudes and how we relate to others.
5. Spend time understanding what key groups within the team consider to be the biggest needs. Gauge their understanding of current programs and fill in gaps as necessary. Help them realize where the team can help.
6. Have the team complete the [Group Styles Inventory](#) after a meeting to help them identify which behaviours to change, build or strengthen in order to better achieve synergy.
7. Arrange for a certified facilitator to run a [3-hour True Colors workshop](#) designed to allow participants to determine their True Colors personality spectrum and learn to recognize the styles of others. (The FHT may choose to have someone on staff certified as a facilitator.)

Dos

- ✓ Use the tools in this kit to anticipate what some of the concerns of team members might be, but don’t draw conclusions until you’ve had a chance to talk things through with them.
- ✓ If there’s time, use a quick icebreaker to help team members get to know each other a little better on a personal level.
- ✓ Model open, honest and respectful communication.

- ✓ Call on experienced colleagues to help you develop your skills.

Don'ts

- ✗ Ignore disrespectful behaviour.
- ✗ Forget to challenge your own assumptions about team members.
- ✗ Do what's expedient if you know it will damage team trust.

Example

See how mutual trust and respect can be built using some of these tools in a [FHT scenario](#).

Troubleshooting

Problem	Possible reason(s)	Potential next step(s)
After having team members explain their roles to each other, there still doesn't seem to be a lot of trust and respect.	<ul style="list-style-type: none"> • Lack of role clarity may not have been the only issue • Use team assessment tools to identify others 	<ul style="list-style-type: none"> • Use other tools for building trust and respect • Be persistent; it can take time
One team member continues to behave disrespectfully to other team members.	<ul style="list-style-type: none"> • May feel disrespected him/herself • Person may be unaware of impact of his/her behaviour 	<ul style="list-style-type: none"> • Enforce ground rules in meetings • Speak with 1:1; provide factual feedback; point out consequences
Despite your efforts, you're not even able to get people to meet as a team.	<ul style="list-style-type: none"> • They may not see the consequences of not meeting 	<ul style="list-style-type: none"> • Seek out a champion • Point to pay-offs that would come from better teamwork



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Managing conflict

Conflict can be healthy. It can get groups unstuck from unproductive thinking and lead to better solutions. However, it can also threaten working relationships if it's not managed effectively. High-performing teams know how to disagree and maintain mutual trust and respect at the same time.

Practical Steps to Managing Your Own Responses to Conflict

Dealing with conflict can be difficult, especially when the stakes are high or feelings are strong. When you're upset or anxious or feeling cornered, it may be hard to think clearly. That's why learning how to acknowledge and work through your own emotional responses is an important step to becoming skilled at conflict management.

1. Use [Crucial Conversations®](#) and [Crucial Accountability™](#) principles to sort through your initial reactions to conflict and work towards meaningful dialogue.
2. Complete the [Style Matters conflict inventory](#) to discover whether you might be overusing or underusing one or more of five conflict-handling modes. If you wish to use the same tool with a group, [training support materials](#) can be ordered online.

Online Guides

3. The Conflict Resolution Network provides free online resources organized around [12 conflict resolution skills](#).
4. In a single blog post, Making It Clear® describes [4 reasons we disagree and what to do about it](#).

Dos

- ✓ Go into conversations and meetings prepared. Anticipate difficult questions or comments you might face and plan how you're going to deal with them before you're in the heat of the moment.
- ✓ Set ground rules and get agreement from the group to follow them. Politely but firmly enforce them.

- ✓ Encourage input from all team members, not just the ones who tend to speak the most

Don'ts

- ✗ Let unexpressed concerns stay unexpressed.
- ✗ Promote group harmony at the expense of discussing important, potentially contentious issues
- ✗ Ignore disrespectful behaviour.
- ✗ Feel obliged to solve problems in a meeting if you're not prepared to do so.

Example

See how conflict can be managed using some of these tools in a FHT [scenario](#).

Troubleshooting

Problem	Possible reason(s)	Potential next step(s)
Despite your efforts to create a safe environment for the sharing of ideas, some team members continue to be afraid to express their concerns.	<ul style="list-style-type: none"> • Haven't yet achieved a safe environment in meetings • Concern may be justified or simply perceived 	<ul style="list-style-type: none"> • Dig deeper with the silent team member 1:1 • Get team to identify how it could improve safety for all members
Someone goes to Central Office (CO) to complain about your communication style.	<ul style="list-style-type: none"> • Resistance to change • Lack of trust and/or respect 	<ul style="list-style-type: none"> • Factually describe situation to CO; get their support • Review tools for building trust, respect
Some members insist that the team works well together even though you know they're failing to address important issues.	<ul style="list-style-type: none"> • Not be familiar with effective teamwork or productive conflict 	<ul style="list-style-type: none"> • Use Group Styles Inventory or Style Matters Conflict Inventory • Discuss productive conflict



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Helping teams manage change

Family health teams represent a change in the practice of primary care in Ontario. But as promising as that change may be, it won't happen on its own.

Pre-existing clinic teams are being expected to start working differently. They may have reservations about making the leap from the "current way" to the "new way", especially if they're not convinced that the change is an improvement, or they're unclear about how to get there, or they have doubts about their ability to adapt, or they've lived through previous failed attempts to improve processes in their workplace.

Practical Steps

1. Use [Bridges's transition model](#) to help team members manage their emotional reaction to change.
2. Focus on vital behaviours. Don't ask people to do a long list of things differently. Identify the one or two critical, highly-leveraged actions that will lead to the outcomes you're looking for. (A concept from the Influencer change model.)
3. Use the 7 strategies from the [Switch change model](#) to guide change efforts.
4. Don't just rely on one strategy to influence people's behaviour. Use several at the same time as illustrated in this [short video](#).

Dos

- ✓ Address people's emotional reactions to change
- ✓ Use the [FHT Perspectives Tool](#) to help you shape your messages as you describe how the change is an improvement
- ✓ Establish a project team to help plan and implement the change; make sure accountabilities are clear
- ✓ Communicate clearly and frequently with everyone who will be impacted by the change

Don'ts

- ✗ Rely on a single strategy to influence people's behaviour

- ✗ Assume that people will adopt a new practice simply because it's evidence-based
- ✗ Underestimate the time and effort it will take to successfully plan and implement a change in the way things are done, even when it doesn't seem like a big change to you

Example

See how change can be managed using some of these tools in a FHT [scenario](#).

Troubleshooting

Problem	Possible reason(s)	Potential next step(s)
A key member of the team simply refuses to participate in any discussions related to a planned change.	<ul style="list-style-type: none"> • May not see need for change • May be in Bridges's first stage • May not have the necessary skills 	<ul style="list-style-type: none"> • Consult Bridges's transition model • Use other change management tools • Provide training • Consider whether person is capable of making the change
After a change is implemented, some people continue to stick to the old way of doing things.	<ul style="list-style-type: none"> • Inadequate reinforcement • People still be having emotional reactions • New process not working 	<ul style="list-style-type: none"> • Make sure new process is working • Provide reinforcement • Use Bridges's transition model to help people with their emotional reactions
Different members of the team have conflicting views regarding how a proposed change should be implemented.	<ul style="list-style-type: none"> • They have different needs • Evidence is not clear-cut • Change in workload 	<ul style="list-style-type: none"> • Weigh available evidence • Assess impacts of change on different members of the team • Negotiate a solution that doesn't compromise patient outcomes



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Assess team functioning: Reflect on things you've heard or felt about the team

Sometimes comments you hear from team members can help you identify where problems lie. Or sometimes comments may surface in your own mind that can also give you a clue about what issues need to be addressed in order for a team to work together effectively.

Here is a sampling of comments that may point to issues related to one of the themes of this toolkit. Some of these comments may actually apply to more than one theme (since the themes are interconnected).

Likely challenges with...	When you hear or think this...
Trust and respect	<ul style="list-style-type: none"> • “They’re undermining our efforts.” • “They’re being unreasonable.” • “There are too many strong personalities involved.” • “It’s difficult to engage them in a conversation.”
Managing conflict (including conflict avoidance)	<ul style="list-style-type: none"> • “We get along fine as a group, but we don’t talk about important issues.” • “This new hire doesn’t fit in.” • “No one wants to say that it’s a problem.” • “The atmosphere there isn’t very welcoming.”
Resistance to change	<ul style="list-style-type: none"> • “We tried making this change before, but it didn’t work.” • “I’m concerned that people will ignore the change we’re trying to make and stick to their old way of doing things.” • “We’ve had this discussion so many times. Nothing’s changed.” • “I think things should be fixed, but I don’t think they can be fixed.”

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Assess team functioning: Survey team members

Group Styles Inventory

This research-based inventory provides a proven valid and reliable measure of the styles shown by work groups. It can be administered following a team meeting that is aimed at solving an actual organizational problem. The combined responses of the team becomes the team's needs assessment, identifying behaviours for the group to change and build or strengthen to better achieve synergy.

The Group Styles Inventory can be ordered from

Human Synergistics Canada
246 James St., South,
P.O. Box 2380,
St. Marys, Ontario,
Canada. N4X 1A2
Phone: (519) 284-4135
Fax: (519) 284-4272
Email: info@hscanada.ca

Cost: \$20 / person

A stock of inventory forms will be kept at Central Office.

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Assess team functioning: “Envisioning a culture for quality” simulation

Human Synergistics has developed a business simulation, called *Envisioning a Culture for Quality*, that asks participants to define the type of organizational culture that provides product and service excellence. Team members rank 24 behaviours in order of their impact on service quality (from positive to negative). It introduces participants to the concept of organizational culture and how it relates to service effectiveness.

This simulation could be particularly useful in helping members of a team, especially those who may be used to solo practice, understand the importance of paying attention to organizational culture and teamwork.

It can be used to create buy-in before using the Human Synergistics’ Organizational Culture Inventory survey tool.

The simulation typically requires 1½ - 1¾ hours. It could be incorporated into a TVFHT Spring Conference, if desired.

The simulation can be ordered through Human Synergistics Canada:

246 James St., South,
P.O. Box 2380,
St. Marys, Ontario,
Canada. N4X 1A2
Phone: (519) 284-4135
Fax: (519) 284-4272
Email: info@hscanada.ca

The cost per participant for the simulation is about \$7.50. Includes leader guide, participant booklets, scoring flipchart.

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Thames Valley Family Health Team: Team Assessment Worksheet

This is a custom-designed worksheet that can be completed by site coordinators or professional practice leaders to help them organize their thoughts as they explore situations related to a team development.

Date	Updated	Updated	Updated	Updated	Closed

Site	Team

A. Situation Overview

1) Short description of the situation.

<input type="checkbox"/> 2) How did you find out about the situation?
I saw ...
I heard ...
My intuition tells me ...
A team member told me ...
A patient told me ...
Performance measures show ...
Other

3) This situation is having a significant impact on ...	0 Unsure	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
One team member						
A small group						
The team						
The site						
TVFHT as a whole						
Patient care						
Work relationships						
Team functioning						
Change efforts						
Quality of work life						
Performance						
Other:						

Comments:

4) Discovery	What I know	What I don't know	What I need to learn more about	Information sources (people, documents)
Who				
What				
When				
Where				
Why				
How				
How much				
Other:				

B. Assess the Situation: What are Contributing Factors?

Theme:	Mutual Trust and Respect					
What is the lack of trust and respect related to?	People	Role	Place	Process	Tool / Technology	Other
Your Assessment of the Situation	0 Unsure	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
Misunderstanding of roles						
Unfulfilled commitments or broken promises						
Personal behaviour – acting disrespectfully						
Skill gap						
Technology not working properly						
Broken process						
High emotions						
Withholding information						
Other						

Comments:

Theme:	Change					
What are the points of friction for the change?	People	Role	Place	Process	Tool / Technology	Other
Your Assessment of the Situation	0 Unsure	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
Don't recognize need for change						
Don't understand role in change						
Lack of clarity of vision						
Not participating in planning						
Stuck between old and new ways						
Not following new way						
Fallen back into old patterns						
New way is not meeting outcomes						
High emotions						
Other						

Comments:

Theme:	Conflict Management					
What is the conflict related to?	People	Role	Place	Process	Tool / Technology	Other
Your Assessment of the Situation	0 Unsure	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
Different personal values						
TVFHT values not being followed						
Different access to information						
Different understanding of information						
History of not liking each other - personal						
History of not liking each other - professional						
History of not liking each other – team/site						
Other						

Comments:

C. Make a Plan

1) How do you feel about the situation? What emotions will you need to manage?			
Place x on continuum	Energized		Exhausted
	Patient		Frustrated
	Happy		Angry
	Calm		Anxious
	Confident		Insecure
Others			

2) Based on your reflection and assessment – where will you start?

Go to ToolBox:		
<input type="checkbox"/> Mutual Trust and Respect		<input type="checkbox"/> I will consult with/ask for support from:
<input type="checkbox"/> Change		
<input type="checkbox"/> Conflict Management		<input type="checkbox"/> Gather more information

Notes about what you did. What went well and lessons learned.

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How can we fulfill TVFHT’s values?

TVFHT value	Signs the value isn’t being honoured	What to do about it
<p>Patient and family-centred care: Provide comprehensive, compassionate care that responds to the evolving needs of our patients and their families.</p>	<ul style="list-style-type: none"> ▪ Staff needs trump patient needs in process design ▪ Fuzzy, unverified picture of patient needs 	<ul style="list-style-type: none"> ▪ Verify patient needs ▪ Use experience-based design ▪ Help the team change their practices
<p>Trust and respect: Trust each other and mutually respect the unique roles we play as colleagues and professionals.</p>	<ul style="list-style-type: none"> ▪ Team members have inaccurate views of each others’ roles ▪ Turf struggles 	<ul style="list-style-type: none"> ▪ Have team members describe to each other what they do in tangible, real-life terms ▪ Use tools to develop trust & respect
<p>Collaboration and teamwork: Work together as a team of professionals where the contribution of each team member is optimized in a professional atmosphere.</p>	<ul style="list-style-type: none"> ▪ Unnecessary duplication of effort ▪ Poor continuity of care (ball is dropped) ▪ Failure to build on each other’s work ▪ Cliques or camps 	<ul style="list-style-type: none"> ▪ Get team member’s to learn each other’s strengths ▪ Use tools to understand team dynamics ▪ Map processes as a team
<p>Honesty and open communication: Dialogue openly and honestly to promote information sharing and support collaborative problem solving.</p>	<ul style="list-style-type: none"> ▪ Team rarely meets ▪ Meetings after the meeting ▪ Silence despite concerns ▪ Unproductive conflict 	<ul style="list-style-type: none"> ▪ Model honest and open dialogue ▪ Clarify up front how a decision will be made and how you will use input ▪ Use conflict management tools
<p>Accountability: Accept our individual professional and team responsibilities and meet our commitments. Take responsibility for our actions, our decisions, and our performance.</p>	<ul style="list-style-type: none"> ▪ Tasks aren’t explicitly assigned ▪ Deadlines are ignored ▪ No one follows up with someone who hasn’t delivered ▪ Scope of practice concerns 	<ul style="list-style-type: none"> ▪ End meetings with an action list; assign tasks and deadlines ▪ Use Crucial Conversations techniques when deadlines aren’t met

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Assess team functioning: A FHT example

Ali is a new site coordinator. One of the sites she's responsible for has team meetings, but not everyone on the team attends them. These meetings tend to focus on sharing information about decisions that have been already made.

A new program is to be introduced at the site. It involves several people, only some of whom usually attend team meetings. Ali has heard rumblings from clinic staff that none of the "FHT staff" seem to have done much thinking about how this new program is going to work without interfering with the day-to-day practice of the family physicians. IHPs have also raised concerns through their PPLs that the site is not ready for the program.

During her first couple of weeks on the job, Ali focuses on getting to know the staff at the site, including the IHPs who come in on certain days. She attends one of the regular staff meetings and says that she would like to assemble a work group to plan and implement the new program.

During the regular staff meeting, she makes the following observations:

- There's no prepared agenda or meeting objectives
- There's a lot of sharing of information, but not a lot of problem solving going on
- A couple of people come and go from the meeting to take "important calls"

In the days following the meeting, a number of people approach her, concerned about the new program and her idea of forming a special working group. Here are a few things she heard people say:

- "We don't need more meetings. They don't solve anything and they take us away from patient care."
- "We've got all these different IHPs who are supposed to be involved in the new program, but no one's explained what they do."
- "Whenever we talk about the new program, we go around in circles. Nothing ever gets resolved."
- "We've never talked about how things are really going to work when this program is introduced. About who will be responsible for what. We're flying by the seat of our pants."

She uses the [“Reflect on things you’ve heard or felt about the team” reference sheet](#) in the Assessing Team Function section of the toolkit. Based on what she’s observed and heard so far, her initial impression is that staff working at the site could use some help working as a team in the following areas:

- [Building mutual trust and respect](#)
- [Managing change](#)

She spends some time organizing her thoughts using the [custom-designed worksheet](#). This helps her to anticipate some of the issues that might arise at the first meeting of the special working group and structure the session accordingly. She decides to focus on building mutual trust and respect in the first meeting by getting people involved in the new program to better understand one another’s roles. She also recognizes that the introduction of the new program will be a big change for not only the people directly involved in providing the services, but other staff on-site as well. She introduces the working group to change management principles and uses them to guide the group’s planning efforts.

Several months later, the program gets up and running, but not without some challenges. The working group officially disbands and the new program becomes part of the site’s normal operations. It comes up as a frequent topic at staff meetings. Several concerns about the program are raised, but no one seems willing to tackle them.

Ali would like to see staff meetings become opportunities for problem-solving, not just gripe sessions. At the end of one of the meetings, where issues with the new program were discussed but little seemed to be resolved, Ali asked those present to complete the [Group Styles Inventory](#). The results led to an interesting and fruitful discussion on how staff meetings could be run more effectively and how the group could work better together.

After six months of using team-building techniques from the toolkit with the group and seeing improvement in team dynamics, Ali re-administered the Group Styles Inventory to allow the group to see where they had made progress and where they could continue to improve.

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Build mutual trust and respect: Crucial Conversations®

Principles from Crucial Conversations to guide your early interactions

1. First, when talking with team members one-on-one, make sure that you are starting with the right motives. What do you really want out of a conversation, especially if it's likely to be emotionally-charged or the stakes are high?
2. Second, challenge the stories you might be telling yourself to explain a team member's behaviour, particularly if you view it as a problem. Ask yourself "why would a reasonable, rational, decent person act this way?" According to the authors of Crucial Conversations, "posing this question is NOT making an assumption that all people are reasonable, rational, and decent; rather, posing the question IS an effort to consider other possibilities. This increases the probability of getting what you really want."
3. Use initial team meetings to help team members develop a "Pool of Shared Meaning." According to Crucial Conversations, "each of us enters a conversation with our own opinions, feeling, theories, and experiences about the topic. These make up our personal pool of meaning. When two or more people enter a crucial conversation, we build a pool of shared meaning—the more we add of each person's meaning, the more information is available to everyone involved and the better the decisions made."

Options for further developing your skills

Crucial Conversations

- Sign up on Vital Smarts website to receive weekly [Q & A e-newsletter](#) or visit www.crucialskills.com.
- Learn from a colleague who has used the approach
- Read the [book](#) or listen to the audiobook
- Take the two-day Crucial Conversations [training workshop](#).

General Meeting Facilitation

- Buddy up with a colleague when facilitating a team meeting. Get their input during planning and their feedback after the session.

[Return to practical steps for building mutual trust and respect](#)

Build mutual trust and respect: Family Health Team Perspectives Tool

Family physicians	
<p>Group's perspective on team development (potential beliefs, experiences, attitudes)</p>	<ul style="list-style-type: none"> • May be used to a more self-reliant style of practice • May appreciate access to interdisciplinary healthcare professionals but not see value in a more collaborative approach • May not know what interprofessional practice looks like or understand its benefits • May be concerned that they will be accountable for any mistakes made by other members of the clinical team • May be skeptical that team development efforts will be worth the investment of their time and clinic staff time • May feel too busy with patient care to deal with what they consider an administrative issue • May not see meetings and conversations with FHT admin staff as a good use of their limited time • May believe that hospital-affiliated Family Medicine Centres were doing well with team development and don't see that the FHT adds value • May prefer their practice to run the way it always has – change perceived as disruptive • May be uncertain of the role of FHT site coordinators and professional practice leaders, but may not see it's worth their time to clarify • May have an uncomplimentary opinion of health care managers in general (managers don't get clinical care because they're not on the front lines) • Because they have their own money invested in their practice, they may feel the financial risk is greater for them than others • May be supportive of the opportunities presented by the FHT, but are unclear about what they can do to capitalize • May want to improve their ability to work with other health care professionals, but not know how to go about doing it in a way that makes sense for them

Family physicians	
Potential pay-offs for the group	<p>They may be supportive of team development if it's likely to benefit them in some of the following ways:</p> <ul style="list-style-type: none"> • They can make better use of their clinic staff without having to hire more • It lessens workplace conflict • It eases the administrative burden on them rather than adding to it • It simplifies processes for them and/or makes the processes more reliable • It creates a more satisfying work experience for them • They can trust the clinical team they're working with • They feel personally supported in changing their style of practice • They maintain the respect of their peers
Potential pay-offs for patient care	<p>They may be supportive of team development if it's likely to benefit patient care in some of the following ways:</p> <ul style="list-style-type: none"> • Supports better medical management of various conditions • Leads to better patient outcomes • Lessens patient wait times • Improves case-finding • Improves patient triage • Gets patients moving through the clinic more efficiently • Effectively deals with patient problems they're not able to • Improves follow-through on care plans • Improves coordination of patient treatment (by family physicians, specialists and IHPs) • Gets patients more effectively engaged in their own care • Allows patients to make more informed decisions about their health

Interdisciplinary health professionals employed by the FHT

Group's perspective on team development (potential beliefs, experiences, attitudes)

- May feel like they're being "parachuted" into an unfamiliar or even unwelcoming environment
- May feel that few people on-site understand their role
- May be unfamiliar with the roles of others on-site
- May have previous good or bad experiences with teamwork which colour their perspective
- May not know who to turn to when issues arise
- May feel that their services are being treated as an add-on (instead of part of truly collaborative practice)
- May not feel that they're being properly consulted as new programs or other changes are introduced
- May feel that their skills are unique; hesitant to discuss how some tasks they see as falling within their role can be shared with other members of the team
- May feel disconnected from the team (out of the loop) if they're on-site a limited amount of time
- May be concerned that what's being expected of them is not consistent with their scope of practice
- May feel stronger allegiance to their professional practice leader than the site coordinator
- May be struggling to understand their own role within primary care
- May feel "spread thin" across multiple sites
- May not be given as much time to spend with patients as they'd like
- May not feel patients are being given a good explanation about why they're seeing an IHP instead of a doctor

Interdisciplinary health professionals employed by the FHT

<p>Potential Pay-Offs – why team development would benefit them</p>	<p>They may be supportive of team development if it's likely to benefit them in some of the following ways:</p> <ul style="list-style-type: none"> • It helps others on-site better understand and respect their role • It leads to greater acceptance of their role by patients • They know who to go to with issues • It lessens workplace conflict • They feel welcome at on-site • They feel their concerns are being heard • They feel that important issues are being addressed, not just glossed over • They gain influence over how things operate • They feel they are making a difference • It simplifies processes for them and/or makes the processes more reliable • It creates a more satisfying work experience for them • They can trust the other team members they're working with • They feel personally supported in adapting to changes in the work environment
<p>Potential Pay-Offs – why team development would benefit patient care</p>	<p>They may be supportive of team development if it's likely to benefit patient care in some of the following ways:</p> <ul style="list-style-type: none"> • Supports better interdisciplinary management of various conditions • Leads to better patient outcomes • Lessens patient wait times • Gets patients moving through the clinic more efficiently • Improves case-finding • Improves patient triage • Effectively deals with patient problems they can't • Improves follow-through on care plans • Improves coordination of patient treatment (by family physicians, specialists and IHPs) • Gets patients more effectively engaged in their own care • Allows patients to make more informed decisions about their health

Clinic / practice staff

Group's perspective on team development (potential beliefs, experiences, attitudes)

- May be concerned about new interdisciplinary health professionals (IHPs) on site not fitting into the current culture
- May feel overworked if they're being asked to assume added responsibilities, such as scheduling for specialists and/or IHPs who visit the site
- May be concerned about having more bodies in a space that was cramped to begin with
- May feel ill-informed of changes that are being made
- May feel their input is not valued as changes are being planned and carried out
- May see addition of IHPs is a good thing but not see value in a more collaborative approach
- May not know what interprofessional practice looks like or understand its benefits
- May be skeptical that team development efforts will be worth the investment of their time
- May not see meetings and conversations with FHT admin staff as a good use of their limited time
- May believe that hospital-affiliated Family Medicine Centres were doing well with team development and don't see that the FHT adds value
- May prefer the practice to run the way it always has – change perceived as disruptive
- May be uncertain of the role of FHT site coordinators and professional practice leaders, but may not see it's worth their time to clarify
- May have an uncomplimentary opinion of health care managers in general (managers don't get clinical care because they're not on the front lines)
- May want to improve their ability to work with other health care professionals, but not know how to go about doing it in a way that makes sense for them
- May feel unhappy or unprepared to deal with patients' questions about why they're seeing an IHP instead of a doctor

Clinic / practice staff	
Potential Pay-Offs – why team development would benefit them	<p>They may be supportive of team development if it's likely to benefit them in some of the following ways:</p> <ul style="list-style-type: none"> • It lessens workplace conflict • They feel their concerns are being heard • They gain influence over how things operate • They feel they are making a difference • It simplifies processes for them and/or makes the processes more reliable • It creates a more satisfying work experience for them • They can trust the IHPs they're working with • They feel personally supported in adapting to changes in the work environment • It allows them to answer patient questions more effectively
Potential Pay-Offs – why team development would benefit patient care	<p>They may be supportive of team development if it's likely to benefit patient care in some of the following ways:</p> <ul style="list-style-type: none"> • Lessens patient wait times • Gets patients moving through the clinic more efficiently • Improves case-finding • Improves patient triage • Improves coordination of patient treatment (by family physicians, specialists and IHPs) • Leads to better patient follow-up and monitoring • Leads to better patient outcomes • Gets patients more effectively engaged in their own care • Allows patients to make more informed decisions about their health

[Return to practical steps for building mutual trust and respect](#)

Build mutual trust and respect: Overcoming intergenerational friction

Based on:	Generations working together – what everyone needs to know and do
Author:	Laura Berstein
Publisher:	Walk the Talk
Website:	www.walkthetalk.com
Description:	Friction can take place when people of different generations work together. Left unchecked a lack of understanding and skills to work collaboratively across generations can negatively impact relationships, teamwork, morale and productivity, as well as the ability to attract and retain top talent.
When to use this tool:	<p>When you believe trust and respect are in jeopardy because of variances in the way people from different generations approach work and life; if you are hearing about disagreements/conflicts where people are making assumptions about actions and decisions based on age; and if you are noticing behavioural differences (e.g. clothing, appearance, speech patterns, communication styles, and approaches to tasks) that are impacting team performance and relationships.</p> <p>It might sound like:</p> <ul style="list-style-type: none"> ▪ “Young people today bring their personal lives to work. They don’t understand boundaries.” ▪ “When I first started my career, if I had an opinion I kept it to myself. Back then we respected authority, especially the doctors.” ▪ “I don’t see why some people are having so many problems with the new technology. It’s really simple. What are they afraid of?” ▪ “Why can’t we just send a text? It would be way faster.” ▪ “Let’s do this together as a team. It’ll be way more fun and we’ll come up with some great ideas.” ▪ “Let me figure out how to do it my way. There are way too many rules around here. I can’t stand it when people are always looking over my shoulder.”

How to use this tool:	<ol style="list-style-type: none"> 1) Enhance your own understanding of why generations are the way they are. Historical factors and societal trends play a huge role in shaping the perspectives of different generations. 2) Check your assumptions. Although many people from the same generation may share perspectives, others will not. People born close to the date cut-offs for the generational categories may have been influenced by both categories. Ask questions to learn what is important to each person. 3) Rather than focusing on differences, look for ways to work together and rally around the TVFHT's vision and mission. Use strategies that make it possible to share various perspectives so that idea generation and problem solving are richer. 4) Keep the chart below handy as a reminder of key influences and characteristics. 5) When supporting individuals and teams, describe expectations about what needs to be done, when and how. Be clear about what is negotiable and what is not. Use specific examples to ensure everyone has the same understanding (e.g. what is considered business casual dress). 6) Reflect on this quote: "If you truly want to be effective in today's world, if you sincerely want to understand other people, it seems absolutely critical that we accept the reality that all these people out there who are different from the way we are, are just as RIGHT, CORRECT and NORMAL as us." Morris Massey, Ph.D.
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Generational Characteristics Summary

Adapted from Generations working together – what everyone needs to know and do by Laura Berstein, 2006.

Born	1925 - 1945	1946 - 1964	1965 - 1981	1982 - 2002
Known as	Traditionalists	Baby Boomers	Generation X	Generation Y
Other terms	Conformers	Competitors	Challengers	Millenials Digital Natives
Key Influences	Great depression Wars Save money	Post-war economic prosperity Dramatic social, medical & scientific change Buy now & pay later	Shifts in family and societal trends (divorce, 2 parents working, massive layoffs, diversity) Presents from parents to compensate for lack of presence.	Child-centred era Technology exposure from young age Taught to shift gears quickly Programmed to do more & be more

Born	1925 - 1945	1946 - 1964	1965 - 1981	1982 - 2002
Known as	Traditionalists	Baby Boomers	Generation X	Generation Y
Work Style	By the book: "How" is as important as what gets done. Duty first. Earn a living. Pay the bills.	Get it done – whatever it takes even nights & weekends. Live to work.	Take fastest route to results. Protocol is secondary. Independent. Fend for self. Work to live.	Work to deadlines & goals – not necessarily to schedules. Self-confident. Should be fun. Work & play at warp speed.
Authority/ Leadership	Command and control. Rarely question authority.	Respect for power and accomplishment. Consensus building. Avoid conflict.	Egalitarian; rules are flexible; collaboration is important.	Value freedom and autonomy. Less inclined to pursue leadership positions.
Communication	Formal yet personal. Through proper channels.	Somewhat formal through structured network. Mix of electronic and face-to-face.	Casual, direct & electronic. Sometimes skeptical (related to environmental disasters & terrorist attacks).	Fast, casual, direct, & high-tech; eager to please. Extreme informality.
Recognition/ Reward	Personal acknowledgement & satisfaction for work well done.	Public acknowledgement & career advancement.	A balance of fair compensation & ample time off.	Individual and public praise; opportunities to broaden skills. Expect attention & feedback.
Work/ Family	Keep work and family separate.	Work comes first.	Value work life balance.	Value blending personal life into work. Work is a "gig".
Loyalty	To the organization.	To the importance & meaning of work; to the profession.	To individual career goals.	To the people involved in the project.
Technology	Complex and challenging.	Necessary for progress and achievement.	Practical tools for getting things done.	What else is there?

Coaching Tips for Working Effectively with

Traditionalists

- Acknowledge their experience, expertise and dedication.
- Pay attention to the chain of command and do not go around these valuable co-workers. Follow the protocol.
- Speak positively of your organization's history and those who helped create it.
- Use them as resources when you have questions and problems.
- Offer support related to new technology. Give extra time for them to learn the technology ropes and become comfortable.

Baby Boomers

- Acknowledge their experience, expertise and dedication.
- Seek their help with issues involving workplace politics. Learn how they navigate the system.
- Communicate using both face-to-face and emails/voicemails (which can be viewed as impersonal)
- Ask for their perspectives on what has worked well and not worked in the past and why.
- Focus on relationships (e.g. informal conversations) as well as results.
- Demonstrate how you are carrying your share of the workload (even though you may not work long hours or have a flexible schedule).

Generation X

- Acknowledge their talents and expertise.
- Let them know that you are willing to learn from them.
- Use clear and specific language. Get to the point in a respectful way.
- Save meetings for issues that truly require face-to-face interaction.
- Remember that this group places a high premium on efficiency – so don't waste their time. Avoid poorly organized activities.
- Give flexibility on how and when they accomplish tasks.
- Explain why you need them to do something and the personal benefits.
- Encourage a friendly, open and informal work environment.
- Honour their need for a balance between work and personal lives.

Generation Y

- Acknowledge their talents and fresh perspectives.
- Let them know that you are willing to learn from them.
- Tap into this group as a valuable resource related to technology.
- Create opportunities for them to contribute to projects.
- Show that you respect their perspectives – ask for their opinions and their help.
- Give frequent and timely feedback.
- Help them learn the political, cultural and interpersonal aspects of your organization.
- Keep communications short, clear, direct and specific. Follow-up to make sure your message was understood.
- Build a fun, challenging and fast-paced work environment.
- Look for ways to combine work and play.

Working Together	Potential Sources of Conflict	Potential Strategies
Baby Boomer & Gen Y		
<ul style="list-style-type: none"> ▪ Boomer Perspective on Gen Y 	<ul style="list-style-type: none"> • Don't take work seriously enough. • Disinterested in working extra hours to do what it takes to get job done. • Informal communication and dress. • Texting at work. 	<ul style="list-style-type: none"> • Ask yourself is having fun at work and informality getting in the way of delivering exceptional care? • What can you learn from Gen Ys about work-life balance? • Reinforce the policy re: use of personal phones, email, texting at work – where and when is it acceptable.
<ul style="list-style-type: none"> ▪ Gen Y Perspective on Boomer 	<ul style="list-style-type: none"> • Lack of feedback and praise. • Too structured. • Slow, old-school ways of doing things. Doesn't use enough technology. 	<ul style="list-style-type: none"> • Ask for clarification and feedback about what you're doing well and ideas for improvement. • Explain that you prefer to be given a deadline and what needs to be done. Then you'll do it your way. • Indicate you can offer ideas about how to use existing technology better and how new technology can make things more efficient.

Working Together	Potential Sources of Conflict	Potential Strategies
Baby Boomer & Gen X		
<ul style="list-style-type: none"> ▪ Boomer Perspective on Gen X 	<ul style="list-style-type: none"> • Negative and skeptical. • Lack of commitment to putting work first. 	<ul style="list-style-type: none"> • Ask for input into new ideas – potential pros and cons. • Plan in advance if extra work hours will be required. Give time off in lieu. • Describe what policies must be adhered to and which rules are flexible.
<ul style="list-style-type: none"> ▪ Gen X Perspective on Boomer 	<ul style="list-style-type: none"> • Too many rules. • Lack of opportunities to collaborate. • Not enough time off. 	<ul style="list-style-type: none"> • Explain that from your perspective results matter most. If it makes sense, rules will be bent to quickly achieve the goal. • Pull together teams to work on projects. Describe the benefits of the team approach. • Request time off for extra time worked. If possible negotiate in advance.

[Return to practical steps for building mutual trust and respect](#)

Build mutual trust and respect: A FHT example

Kelly is an occupational therapist (OT) who works at more than one site. Two months ago, she was assigned to work a day a week at Site A. Much of her work there focuses on the chronic pain self-management program.

She feels that staff and physicians at Site A don't appreciate what she can contribute to the program and doesn't feel part of the team. She doesn't believe she's seeing as many patients as she should. She's given clinic staff and physicians a written description of what she can offer patients with chronic pain, but she suspects no one has taken the time to read it.

Kelly approaches her professional practice leader (PPL) with her concerns. The PPL in turn involves the site coordinator, Ruby.

Ruby prepares for her meeting with Kelly and the PPL by looking at the [FHT Perspectives Tool](#) to help her anticipate how Kelly might be seeing things as an interdisciplinary health professional.

Ruby sits down with Kelly and the PPL to better understand Kelly's concerns and review the steps she's already taken to reach out to the team. Ruby uses this discussion as an opportunity to refresh her understanding of the OT role on the chronic pain self-management program. She also helps Kelly understand the role of the site coordinator plays in team development.

The PPL agrees that Ruby should take the lead in helping Kelly more effectively become a part of the team.

Ruby decides to get a better sense of how well the chronic pain self-management program is performing. She knows it's important not just to base her views on what she's heard from Kelly, so she makes an appointment to sit down with the clinic nurse, Zelda, who acts as the program lead on-site. Ruby recognizes that Zelda may not appreciate her asking questions about the program. There's still a prevailing attitude among some clinic staff that they should be left to run their own show and meddling from "the FHT" is an unwanted intrusion.

Ruby once again looks at the [FHT Perspectives Tool](#), this time to get an appreciation for Zelda's possible point of view as a clinic nurse. Ruby also reviews the overview of [Crucial Conversation techniques](#) in the toolkit.

Ruby goes into the meeting having decided that, above all, her goal is to start building a better working relationship with Zelda. She's cautious about bringing up Kelly's concerns in this first meeting because Zelda might feel that Kelly is whining and getting Ruby to fight her battles. This doesn't mean that Ruby intends to

minimize or ignore Kelly's concerns, but simply look for an effective way of addressing them that promotes mutual trust and respect among team members.

Ruby begins the meeting by stating that her intent is to build an effective working relationship with Zelda. She acknowledges the important role that Zelda plays as on-site program lead and goes on to state what value she herself can add, using the phrasing the FHT Perspectives Tool to describe pay-offs that are meaningful to Zelda. Ruby invites Zelda to describe where she thinks the program is succeeding and where it's running into challenges.

Ruby can tell that Zelda still doesn't completely trust her motives, but the two of them end up agreeing that it would be worthwhile for members of the team to better understand each other's roles. Ruby offers to plan and lead a short exercise during the next team meeting that will facilitate this. She also offers to review the exercise with Zelda before the team meeting. Zelda accepts the offer.

Before the team meeting, Ruby designs an exercise which will get team members to describe their roles in a way that other members of the team will "get it." She knows from having reviewed Kelly's efforts that some members of the team may be relying on standard job descriptions that don't capture the true nature of their interactions with patients or the meaningful pay-offs for patients.

The exercise is successful. Team members, including Kelly, begin to see aspects of each others' roles that they didn't appreciate before. Ruby's value as a team facilitator is also recognized. Zelda accepts future offers from her to help with team development.

Ruby uses a few [team assessment tools](#) to determine where she should focus her efforts. She soon recognizes that [intergenerational barriers](#) may be contributing to Kelly's difficulty fitting in with the team (she's a Gen Y and they're mostly Gen X and Boomers) and uses the toolkit to design an exercise to address them.

[Return to practical steps for building mutual trust and respect](#)

Manage conflict: Crucial Conversations® and Crucial Accountability™

Principles from Crucial Conversations to help you manage conflict

Unproductive conflict can manifest itself in different ways. It can take the overt form of sarcastic remarks, labeling, controlling behaviour or verbal attacks. Or it can present itself as silence where serious concerns can go unexpressed.

One of the goals of the Crucial Conversations approach is to move people away these two relationship-harming modes of communication (what the approach's authors refer to as "silence" or "violence"), to a more positive and productive discussion in which everyone feels safe to share his or her ideas.

Creating that safe environment can be tricky, particularly if a team has a long history of using silence or violence to communicate. However, tools in this kit that are designed to [build mutual trust and respect](#) can help.

A crucial conversation is a discussion between two or more people where (1) stakes are high, (2) opinions vary, and (3) emotions run strong. And because emotions run strong, it can be very hard to think clearly. For this reason, it's important to go into these discussions with a game plan whenever possible.

Preparing for a crucial conversation

Here are the steps you can take to prepare for a crucial conversation (excerpted from the www.crucialskills.com glossary):

1. **"Start with Heart"**—The first principle of good dialogue is that healthy dialogue starts with your own motives. Start With Heart means to start with the right motives and stay focused on what you really want throughout the conversation.
2. **"Master Your Stories"**—A principle that helps us control the emotions that drive our actions. We do this by challenging the stories we tell ourselves—we ask questions. One such question is "Why would a reasonable, rational, and decent person act this way?" Posing the question is NOT making an assumption that all people are reasonable, rational, and decent; rather, posing the question IS an effort to consider other possibilities. This increases the probability of getting what we really want.
3. **"STATE Your Path"**—A set of skills that help you share difficult feedback or risky meaning. STATE stands for Share your facts, Tell your story, Ask for others' paths, Talk tentatively, and Encourage testing."

What you're working toward is this:

- **“Developing a Pool of Shared Meaning**—Each of us enters a conversation with our own opinions, feeling, theories, and experiences about the topic. These make up our personal pool of meaning. When two or more people enter a crucial conversation, we build a pool of shared meaning—the more we add of each person's meaning, the more information is available to everyone involved and the better the decisions made.
- **“Achieving Mutual Purpose and Mutual Respect**—Mutual Purpose is about creating safety by assuring others that you care about their best interests and goals. More often than not, your goals will be compatible, but the strategies you developed to meet these goals are opposing. Mutual Respect is about creating safety by assuring others that you care about and respect them, and that your goal is to solve problems and make things better for both of you.”

Responding when you're feeling put on the spot

But what happens if you aren't able to prepare for a conversation in advance? It's easy to feel blindsided when a contentious issue comes up. You may find yourself at a loss as to how to respond effectively.

In situations like these, one option is to respectfully defer the discussion to allow you time to think things through when you're not feeling flustered. Make sure to follow up, though, otherwise you'll have moved to silence by dodging the issue, which may cause people to doubt your trustworthiness.

Learn to spot when a conversation has turned crucial

“Sometimes conversations can turn crucial, but we might either miss or misinterpret the early warning signs. We want to be able to step out of the content of the conversation and learn to look for signs that a conversation has become crucial and that safety is at risk so we can get back to dialogue more quickly.” The authors refer to this principle as **“Learn to Look.”**

A key principle from Crucial Accountability

The authors of Crucial Conversations have written a companion book, Crucial Accountability, which focuses on resolving violated expectations, broken promises and bad behaviour. The first principle of Crucial Accountability™, **What and If**, recognizes that “problems come at us so rapidly and unannounced that we're often caught by surprise. As a result, we move too quickly or become emotional and choose the wrong problem to address. To break this habit, we have to slow down,

unbundle the problem into its components, and then choose What and If (what problem we'll address, and if we should bring it up)."

Options for further developing your skills

Crucial Conversations and Crucial Accountability

- Sign up on Vital Smarts website to receive weekly [Q & A e-newsletter](#) or visit www.crucialskills.com.
- Learn from a colleague who has used either approach
- Read the [books](#) or listen to the audiobooks
- Take the Crucial Conversations or Crucial Accountability [training workshops](#).

[Return to managing conflict](#)

Manage conflict: A FHT example

Kiri is a site coordinator. She's chairing a team meeting at one of her sites. The meetings are generally well-attended, but today Doug, one of the physicians who often attends, is absent. Kiri hopes Doug got the email she sent a little while ago indicating that this week's meeting had to be rescheduled. Most other people seem to have got the message.

The meeting wraps up. Kiri is walking by the physician offices at the other end of the mall on her way to the parking lot when she bumps into Doug. He's just talked to one of his colleagues and has found out that he's missed the meeting. He wants to know why no one bothered to tell him that it was rescheduled. Before Kiri can tell him that she sent him an email, he starts venting. He says this is just another example of the crap he's had to put up with since his FHO joined the Family Health Team. As far as he's concerned, the FHT is just another layer of bureaucracy he has to put up with now. Every day there seems to be some new announcement about a manager that Central Office has hired. Not enough money is being put into patient care in his opinion. The IHPs attached to the site never seem to be around. He wonders out loud whether that's because they get way more vacation than any of his clinic staff.

Kiri can't help but feel ambushed. She feels her blood pressure rising. Doug hasn't expressed any of these concerns before, at least not to her. Even though she's feeling beaten up, she realizes that at least now Doug's concerns are on the table. She knows getting angry or defensive with him isn't going to help matters, so she reigns in her emotions and tries to respond to him calmly. She says: "Doug, you're raising issues that are obviously important to you. They're important to me as well. We need to discuss them further. Do you have some time now or could we make a time to meet later?"

Doug rolls his eyes, tells Kiri to check with his office, and walks off.

Kiri is bothered by this incident the rest of the day. Her emotions are still raw. She starts trying to decide how she can get her working relationship with Doug back on track, especially when he doesn't seem to be very receptive.

She isn't able to get an appointment with Doug for a couple of weeks. She uses the intervening time to prepare herself by consulting the Conflict Management section of the toolkit. She starts by checking out the summary of [Crucial Conversations®](#) principles. She uses the Master Your Stories principle to challenge the unflattering stories she's telling herself to explain Doug's behaviour. She asks herself "Why would a reasonable, rational, and decent person act this way?" She also uses the [FHT Perspectives Tool](#) to gain some insights.

Kiri decides that the purpose of her meeting with Doug should be to better understand his needs and begin to help him see how she might be part of the solution instead of part of the problem. She refers to the Conflict Resolution Network's [12 conflict resolution skills](#) to think through how to approach the discussion. She finds the descriptions of the following skills particularly helpful:

1. Win-win approach
2. Creative response
3. Empathy
4. Appropriate assertiveness

She begins the meeting with Doug by saying: "You were upset the other day. The conversation started out being about the rescheduling of a meeting, but then it became about several concerns that you have. I'd like to spend some time today understanding those concerns better. I'd also like to begin to explore how you and I can work together to address those concerns."

During their discussion, Kiri begins to understand where Doug's concerns are coming from. She also recognizes that he's made a number of assumptions that have led him to faulty conclusions about where certain problems lie. By the end of the meeting, Kiri feels that she's built some trust and respect with Doug, although they still have a long way to go.

Following the meeting, Kiri uses the conflict mapping tool from the [12 conflict resolution skills](#) to summarize some of the points brought up in the discussion. She also uses the [Style Matters conflict inventory](#) to do some self-reflection on how she tends to approach conflicts like this one.

[Return to managing conflict](#)

Manage change: Strategies for change

Based on *Switch: How to change things when change is hard* by Dan and Chip Heath

Find the Bright Spots

- Go investigate what the “stars” do. Stars can be individuals, teams or organizations. What is it that makes them unique? They are often small and/or subtle. How can you replicate their approach?
- Example: Save the Children Worker noticed what separated malnourished children in Vietnam and healthy children were 3 simple things – their mothers actively fed them 4 small meals a day, added small shrimp and crabs found in rice paddies and sweet potato greens to the rice bowls – solutions that were available to everyone.

Script the Critical Moves

- Reduce ambiguity in your vision and improve clarity by selecting a few critical details and setting specific guidelines/rules.
- Limit the number of decisions and options. To create movement you must translate the vision into concrete goals. Give specific instructions. Then people can focus their energy on doing the right things and the right time.
- Example: To improve the health of a community, researchers launched a campaign to encourage drinking 1% milk instead of whole milk because it was the largest source of saturated fat in diets. They didn't get into the complex details of the food pyramid.

Point to the Destination

- Describe a compelling destination – tap into emotions not just facts. Redirect energy toward getting to the destination rather than analyzing what's wrong. Create inspiring postcard destinations that can be achieved in a few months. Celebrate milestones.
- Example: A first grade teacher started the year with most students not even knowing the alphabet. She motivated the kids with a vision they could relate to – by the end of this school year, you'll be third graders. The vision and specific actions resulted in 90% of the scholars reading at a grade 3 level or higher.

Find the Feeling

- Rather than the typical change sequence of analyze – think – change try see – feel – change.
- Sometimes change is not about understanding, it is about feeling – feeling in charge, feeling confident. Open minds, creativity and hope are required for many big changes. When people are interested they will learn better and be willing to try new things. Positive emotions such as optimism and excitement are powerful motivators.

- Example: By instilling a sense of pride in citizens, a college student with little funding and no authority saved a national bird after scientists had written it off as doomed to extinction.

Shrink the Change

- Big changes happen from a series of small changes. Small changes inspire hope that change is possible. Break big change into smaller pieces. Focus on the next tangible action.
- Example: Alcoholic Anonymous motto is “one day at a time”.

Grow People

- Our brains and our abilities are like muscles. They can be strengthened with practice. Help people feel “big” compared to the challenge by fostering a sense of identity. Embrace a growth mindset.
- Example: Leaders coach teams to learn from mistakes; to expect initial success and then a time of murkiness during the learning phase before the practice pays off.

Tweak the Environment

- Make it easy to develop new habits. Many aspects of our daily live are shaped by the environment – traffic lights; bank machines that dispense money after you take your card out of the machine to reduce the chances of you forgetting it; and stores with milk coolers in the far back corner so you have to walk past lots of other groceries on your way to pick up an essential item.
- Example: Dieters who don’t keep snacks at home and use smaller plates eat less.

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Manage change: A FHT example

Josephine is an experienced nurse who has been offering foot care in clinics at a few different sites. She is very knowledgeable and very thorough. However, because she is so thorough, she spends nearly an hour with each patient. As a consequence, the wait list for the foot care clinic keeps growing longer.

Carla, the nursing professional practice leader (PPL), wants to find out whether there is a way the foot care clinic could be run more efficiently without compromising patient outcomes. She reviews the literature and speaks with successful foot care programs in other jurisdictions and determines that there are a couple of key practices that have the biggest impact on patient outcomes. She sits down with Josephine to go over her findings and discuss the implications for the clinic.

Carla sees this as an opportunity for Josephine to rethink how she spends her time with foot care patients by focussing on the interventions that have the biggest impact and which Josephine is uniquely qualified to provide.

During their conversation, Josephine raises several concerns that suggest to Carla she's reluctant to let go of the way she's been doing things. However, Carla challenges her with the available evidence. In the end, it's decided that Josephine will shorten her sessions and transfer responsibility for some tasks to other clinic staff or patients themselves.

A couple of weeks later, one of the clinic nurses complains to Carla about Josephine "dumping" foot care responsibilities onto her. The clinic staff who schedules appointments is frustrated because Josephine has told her to book more patients per foot care clinic, but Josephine is spending just as much time with them as she always has. Consequently the waiting room is overflowing on clinic days and patients and families are getting very cranky.

Carla realizes that she has failed to think through the impacts of the change in Josephine's practice on clinic staff. Rather than let Josephine take the blame, Carla admits that the change was in response to a discussion she had with Josephine. She attempts to smooth things over with clinic staff by promising to take their concerns into account as she rethinks how the clinic can be run more efficiently.

Given the backlash, Carla briefly considers abandoning the change and going back to the way things were. But in the end, she convinces herself that it's still a change worth making. The consequence of not making the change would be that the waiting list would continue to grow and more and more people in need of foot care would have to go without it (unless they could afford to pay for it privately).

She enlists the assistance of Billy, the site coordinator, to help her take a step back and properly plan the change.

Carla recognizes that she hasn't given enough attention to the emotional reactions to the change, especially where Josephine is concerned. She uses [Bridges's Transition Model](#) to help her see that Josephine is in Stage 1 (Ending, Losing and Letting Go) and may be experiencing any of the following emotions:

- fear
- denial
- anger
- sadness
- disorientation
- frustration
- uncertainty
- a sense of loss

She sits down with Josephine again. Instead of chastising her for not getting on board, Carla listens more actively and empathetically to her concerns. When Josephine says she's not convinced that other clinic staff are qualified to do some of the tasks she's been doing up until now, Carla offers to spend some time with her to look at each task and agree on what skills are truly needed to do it. When Josephine says that she's concerned that some patients aren't capable of self-care, Carla commits to discussing which (and how many) patients might fall into this category and come up with options for them that won't put them at risk.

Together with Billy, Carla attends a team meeting to discuss the proposed change and the reasons for it. She admits that she didn't previously consider the impact on clinic staff, but she's ready to start over and get it right this time by involving them in the planning. She draws the [Change Curve](#) on a flipchart and asks team members to indicate with a sticky dot where they feel they are emotionally on it.

Time is set aside at future team meetings to plan the change and additional meetings of key personnel are scheduled to negotiate details so that everyone is clear about his or her role. Billy and Carla continue to use [Bridges's Transition Model](#) to guide their efforts. They also use several of the 7 strategies from the [Switch change model](#) to help the team get behind the change and understand their role in making it happen. Throughout, they link the change to the [TVFHT values](#).

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