Cambridge Health Alliance Practice Improvement Team (PIT) Development Toolkit

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Developing Practice Improvement Team (PIT) Toolkit

Practice Improvement Teams (PITs) play an integral role in the Patient-Centered Medical Home Transformation journey. They help to engage the ideas and wisdom of frontline staff who are doing the work and customers (patients) to improve the practice. As a performance improvement body, PITs support the site leadership team and the practice by developing and testing team-based workflows, testing and spreading successful innovations at the site from one care team to another, and recommending improvements that might be shared with the rest of the ambulatory sites. The success of the PITs lie in their ability to bring together individuals representing various disciplines and perspectives in an effort to effect sustainable change within a practice that reflects our journey to achieving the Triple Aim (better patient experience, better health, at a lower cost) for our patients and community.

Within the primary care clinics at CHA, PITs constantly seek to effectively and meaningfully engage patient partners and frontline staff, to improve the practice. During the PITs initial forming process, members work to establish a shared purpose and sense of "we-ness". Group members engage in team-building exercises and purposing activities in order to solidify the "team" mentality and to communicate effectively with one another. Although the definition of "success" varies from PIT to PIT, there are key attributes that, when established within the PIT, tend to improve team functioning. These include clear roles and responsibilities, effective communication, mutual trust and respect, shared vision and goals, and achievable aims. These pratices are useful for all teams to consider doing at inception.

In order for PITs to be effective in making sustainable improvements at the site level, buy-in from the leadership has proven to be key. Ideally, a representative from the site leadership team serves on the PIT to ensure that lines of communication between the PIT and site leadership are maintained and that the diverse perspective that leadership offers is also represented. This structure also helps to facilitate the change process as the leadership representative is able to assess whether a proposed change can move forward.

At CHA, the efforts of the PITs are supported by the PIT Development Team (PDT). The purpose of the PDT is to support the development of authentic patient-centered culture and processes at CHA by engaging and building the capacities of PITs in sustainable PCMH transformation. Areas of work for the PDT include the creation of a patient partner HR and onboarding process, creation of a PIT Team Launch Toolkit and facilitation of a launch process, formation of PITs that include leadership, frontline staff, and patients, creation and dissemination of a toolkit of resources for PIT teams, assistance with defining roles within individual PITs, provision of on-site coaching in process improvement, coordination and monitoring of PIT team areas of work, and sharing of promising improvements occurring at the site level as well as identifying/learning from individual site challenges and struggles.

Engaging patient partners effectively is a critical aspect of patient-centered medical home transformation for practices. The following toolkit offers an implementation guide and tools to support this work.

1. Patient-professional partnership toolkit.
2. Tools to support the recruitment of patients and frontline team members to Practice Improvement Teams.
3. Tools to support the onboarding of patient partners into an organization.
4. Practice Improvement Team Launch Tools
5. Tools to support the improvement work of PITs.

Cambridge Health Alliance Patient-Professional Partnership Approach and Toolkit

The goal of Patient-Professional Partnership in Primary Care Redesign is to engage patients and healthcare team members in a meaningful way to redesign primary care to work better for patients. It seeks to extend the work begun on engaging patients at CHA at the Patient and Family Advisory Council (PFAC) to primary care sites transforming to patient centered medical homes. This project is aligned with the core principle of the patient centered medical home transformation: to design with the patient, rather than for the patient.

Patient-Professional Partnership in primary care redesign is needed because we need to improve healthcare substantially to meet the needs of our patients. The right solutions can only be reached if they are designed, implemented and evaluated with the patient. This is aligned with one of the NCQA core competencies which states that every patient-centered medical home has to meaningfully engage patients in the redesign of healthcare.

In developing our approach to integrating patients into practice redesign, we began by understanding the experience of sites that had already attempted to engage patients in practice redesign. We examined previous attempts at Patient Advisory Boards in primary care, where patient voices had made a significant impact on practice redesign. However, often patient input into Advisory Board processes were limited to areas which the site leadership brought to patients; patient input was not always integrated into day to day conversations about practice improvement.

Finally, we examined sites that had begun to integrate patients and families into Practice Improvement Teams. A pilot project was launched at Cambridge Pediatrics as a part of the statewide CHIPRA collaborative for pediatric practices transforming to patient centered medical homes. The practice needed to identify two parents to be a part of their practice transformation team. These parents were intimately involved with practice design at every step, from assessing the practice to observing the patient experience to piloting proposed changes to staff training and design of practice improvements. As a part of the team, the parents attended weekly or biweekly meetings.

The pilot demonstrated that patient-professional partnerships into Practice Improvement Teams led to a higher level of patient input and more effective redesign of care. Potential mistakes were found earlier and much deeper and richer feedback was received. As a result of this, we have decided to focus on engaging patients as part of Practice Improvement Teams across primary care aligned with the rollout of the PCMH transformation process. This approach is both innovative and deeply patient-empowering.

However, the integration of patients/families into Practice Improvement Teams was also challenging and required teambuilding, trust and facilitation on both sides. Practices, in identifying patient/family partners, needed to recruit well just as they would for any other member of the team, and to establish clear expectations. Family partners needed to feel comfortable speaking up and to broaden their outlook from one specific issue of focus to leading the practice as a whole. Practice leaders needed to feel comfortable revealing their practice flaws to patients, who they feel they should be trying to impress. In addition, human HR/onboarding processes, HIPAA privacy issues, and team development issues were essential barriers that needed to be addressed to facilitate meaningful patient partnership in improvement work.

A Patient Lead was engaged to help develop the integration of patients into Practice Improvement Teams. A leadership group was formed, including our Patient Lead, the VP and Program Manager of PCMH Development, a site Practice Improvement Team leader, a consultant from Relationship-Centered Healthcare, a medical student focusing on community engagement [?], and a business school student focusing on the development of high functioning teams. In developing our approach to the overall systemwide engagement of patient/family partners in our PCMH sites, we have developed a focus on addressing both system barriers and cultural and team development needs. This approach was presented to the Patient and Family Advisory Council and approved on March 28, 2012.

The approach and toolkit we have developed to partner with patients in Practice Improvement Teams addresses the following areas:

- Develop tools to assist sites to identify and recruit patients to be members of Practice Improvement Teams.
- Develop training sessions to help practice leaders understand how to identify and recruit appropriate practice partners.
- Develop a streamlined approach, in collaboration with HR, for the onboarding process for patient/family partners.
- Develop and implement orientation and practice improvement team development sessions to support full integration of patients into practice improvement teams. We have partnered with the Center for Courage and Renewal/Relationship-Centered Healthcare as well as Harvard Business School's team development professors, to develop these sessions.
- Ongoing support for patients who are integrated into primary care Practice Improvement Teams will be provided by the Patient Lead.

It is our hope that over time, Practice Patient/Family Partners and Site Leadership Team members will work together to develop mechanisms for a full array of opportunities for patient engagement in day to day practice redesign, including focus groups, care team partners, and health center Patient and Family Advisory Councils.

Recruiting Patient Partners for Practice Improvement Teams

Involving patients in practice improvement is more than an expression of the fundamental value of patient-centeredness. Research shows that involving patients leads to more relevant and understandable materials,1 enhanced staff attitudes,1 and helps improve planning and provide critical feedback loops for creating sustainable system change.2

The first step in working with Patient Partners is to identify, interview, select and gain commitment from two Patient Partners who will become part of your practice's improvement team. While there are many ways to do this, here are some guidelines which are adapted from *Organizing for Health's "*Recruitment Guide," the *National Peer Technical Assistance Network's Partnership for Children's Mental Health's* "Learning from Colleagues: Family-Professional Relationships: Moving Forward Together", and the *Agency for Healthcare Research and Quality's* "Engaging Patients and Families in the Medical Home" (sources below).

Step 1: Identify 4-5 potential Patient Partners
While there is no single definition of an ideal candidate, "experience from existing programs suggests that important considerations are the patients' … abilities to work with the health care team, their breadth of experience with the health care setting, their ability and willingness to communicate concerns, and [their] ability to represent patients and families broadly rather than focus narrowly on a particular issue."[1]

Begin by looking for patients who:

- Are engaged and activated around their own health care.
- Have given feedback about practice issues in a constructive way.

Identifying patients who represent a variety of socio-economic, linguistic and cultural backgrounds and who are patients of different healthcare teams within your practice ensures a richer and more representative patient voice on your team.

Anyone in your practice has the potential to identify possible candidates. Consider sharing the selection criteria with all staff and request their recommendations.

Step 2: Approach the potential Patient Partner and ask for a meeting
Authentic relationships are a core value in successful Patient-Professional Partnerships. In-person one-on-one meetings are the best way to identify and recruit people for leadership roles.[3]

Request a meeting and be honest and clear about the purpose of the conversation. For example, "I am working on a project to improve our community health center by involving patients and providers in new ways of working together. I'd like to find out about your interests, tell you a bit about our efforts, and see if you'd be interested in playing a role." Check to see if they have 30-60 minutes for the meeting.

Step 3: Meet with the potential Patient Partner
The meeting is an opportunity to discover the person's values, interests and resources. Be prepared to describe your project, but focus more on asking questions that allow you to identify if the person:

- Is clear about their values and a passion and commitment to the cause;
- Has a history of sharing leadership with others, building consensus and accepting compromise;
- Has resources – including time, relationships, knowledge and experience – and is willing to share;
- Has a learning orientation and is willing to take risks and work outside their comfort zone.[3]

Some practical considerations:

- Please make sure the person is available at a time your practice improvement team can meet. They will be meeting with you twice a month, at least, so this is really important.

- Make sure patients know there are two different levels of involvement—in patient advisory councils and as patient partners on transformation teams. You are exploring possible candidates for both these positions.
- There will be reimbursement available at a rate of about $15/hour (up to $60/month) for attendance of patient partners at meetings, as well as for parking.
- The person will be expected to attend in person for 75% of meetings.

End the meeting with a specific next step, even if it's simply to meet or talk again. For example, "May I call you again in one or two weeks to follow-up?"[3]

Hold off on asking a person to take on a leadership role until you've interviewed a number of people and can see how they fit best within the team.

Step 4: Make a decision on final candidates and ask for a specific and clear commitment

Review your candidates and the information you gathered as a team.

After selecting your top two candidates, ask them for a specific and clear commitment and follow up with a letter outlining your needs in detail, including the frequency and length of meetings, compensation, expectations around attendance of meetings and the upcoming Patient-Professional Partnership Orientation to be held on Wednesday, April 4, from 5:30-8pm. A sample offer letter and agreement will be provided shortly.

Sources

1. Scholle SH, Torda P, Peikes D, Han E, Genevro J. (2010). *Engaging Patients and Families in the Medical Home. (Prepared by Mathematica Policy Research under Contract No. HHSA290200900019I TO2.) AHRQ Publication No. 10-0083-EF.* Rockville, MD: Agency for Healthcare Research and Quality.

2. National Peer Technical Assistance Network's Partnership for Children's Mental Health. (1998). *Learning from Colleagues: Family-Professional Relationships: Moving Forward Together.* Retrieved 03 05, 2012, from National Federation of Families for Children's Mental Health

3. Organizing for Health. (2011). *Recruitment Guide.* Retrieved 03 02, 2012, from Rippel Foundation Organizing for Health

DRAFT Offer letter

Date

Address

Dear Jane:

It is with great pleasure that I invite you to join [practice name] as a Patient Partner. Your main responsibility will be to actively join the [practice name]'s Practice Improvement Team by sharing a patient perspective. The Team will work together to become a patient centered primary care practice. The details of our commitments to each other are included in our Agreement.

You will begin on [date]. This is a part-time position, which will continue for about a two-year period. Your work hours will vary, usually1-2hours each week. Your stipend will be $15 per hour. You will be paid monthly for a maximum of $60/month.

You are also invited to a CHA Patient-Professional Orientation on XX at Somerville Hospital Cafeteria Atrium. Dinner will be served starting at 5:30pm. The meeting will take place from 6-8pm. During this meeting, we will learn how to create an effective team together.

XX, our [title] will be your contact person. [He/she] will be contacting you shortly to see if you have any questions.

We are learning together and we welcome your questions and ideas. Please call me at 617-XXX-XXXX. I look forward to having you on our team.

Sincerely,

[Practice representative]
Title

Cambridge Health Alliance

DRAFT Patient Partnership Agreement

As the Cambridge Health Alliance/[practice name] Patient Partner, you will:

- Become a member of [practice name] Practice Improvement Team (PI Team)
- Come to meetings at the [practice name] office and give a patient's view in all of the PI Team's work. You will come to at least75% of meetings in person. These will take place [every week/every other week].
- Come to a CHA Patient-Professional Orientation
- Come to our CHA Patient-Professional Partnership Series held every three months
- Come to our Academic Innovations Collaborative Learning Sessions with your PI Team [Is it the same as the line above?]
- Find, train and help other patients to work with the PI Team when it is needed
- Help the team to create a Patient Advisory Council and act as a liaison (connector) between the Patient Advisory Council and the PI Team
- Find other ways patients can work with [practice name]
- Help identify skills that Patient Partners and professional need to learn
- Complete Human Resources paperwork. This includes a CORI check, giving a copy of your ID, and signing a confidentiality agreement.

The Cambridge Health Alliance/[practice name] will:

- Respect you and your experience
- Think of you as a partner as we work together to make important changes to the practice
- Provide an interpreter if you need one
- Help you to complete Human Resources paperwork
- Support you with the things you need to participate
- Work with you to create a Patient Advisory Council
- Provide training to help you develop your skills
- Develop our own skills so that we can work effectively with Patient Partners
- Pay you for things that you need to work with us, like parking
- Help identify skills that Patient Partners and professional need to learn
- Pay you a stipend of $15/hour for time spent at PI Team meetings and other work (up to $60/month). This stipend may be taxable, depending on the amount of time you work each year.

This is a two-year commitment. However, if it becomes difficult to continue for any reason, you and the practice can end this agreement with one month's notice.

	Patient Partner	**Practice Representative**
Signed:	_____	_____
Name:	_____	_____

Patient Partner Address:_____

Patient Partner Email/Phone: _____ Date:_____

Practice Improvement Team Recruitment Action Chart

Action Step	Resources and ideas	Current status			
Pre-recruitment		Person responsible	Done by?	We're stuck. We'll ask for help from:	We're in progress, waiting on:
We have selected staff members for our Improvement Team					
We have selected a possible meeting time	Keep in mind that the time of meeting may impact Patient Partner pool				
Prospective Partner identification					
We have described the initiative to all staff and asked staff to identify prospective patient and staff partners and told them how to submit suggestions	Cambridge Health Alliance Toolkit				
We have brainstormed on all the possible sources of potential partner identification, i.e. other depts who might know things we don't about patient & family partners and staff					
If we're struggling to identify prospects, we've made a poster for the waiting room and sent a recruiting email to staff.					
We have identified 4-5 possible prospective patient partners.					
We have identified 6-8 potential provider and staff partners.					
Interview and selection					
We have scheduled a meeting with each prospective patient/staff partner					
We have reviewed the recruitment materials and prepared for the meeting.	Cambridge Health Alliance Toolkit				
We have met with each prospective patient/staff partner					
We have met as a team to discuss final selection of the Practice Improvement Team					
We have selected two patient partners and at least one receptionist, one medical assistant, one nurse, and one provider.					
We have followed up with the people we didn't select.	Consider a role for them on				

	Patient Advisory Council				

After the recuitment has been made (follow same principles for staff recruitment):

Patient Partner 1 offer					
We have tailored and sent the Offer Letter and Agreement for this partner	Cambridge Health Alliance Toolkit				
We have invited the Partner to the next Patient-Partner Orientation					
We have notified the Patient Partner Liaison (Cristin Lind), the PCMH team (Amanda Horowitz) and HR of our selection					
Our Patient Partner has completed all HR onboarding steps.					

Patient Partner 2 offer					
We have tailored and sent the Offer Letter and Agreement for this partner	Cambridge Health Alliance Toolkit				
We have invited the Partner to the next Patient-Partner Orientation					
We have notified the Patient Partner Liaison (Cristin Lind), the PCMH team (Amanda Horowitz) and HR of our selection					
Our Patient Partner has completed all HR onboarding steps.					

Staff Partner offer					
We have invited the provider/staff partner to the Practice Improvement Team and reviewed expectations.					
We have reviewed the provider/staff member's schedule to make sure they are freed up to do this work.					
We have invited the Staff Partner to the next Patient and Staff - Partner Orientation					
We have updated our Practice Improvement Team membership on the PCMH team site					

Launching Practice Improvement Teams

Adapted by Cristin Lind, Pat Satterstrom, Judy Fleishman, Hanna Sherman and Somava Stout

As we have been learning together, recruiting a complete CHA Practice Improvement Team that engages all stakeholders—including patients and frontline staff—takes creativity and perseverance. During this process, you may have had some insight into both the potential and challenges of the medical home transformation process.

Now that the team has been assembled, there are a few activities you may want to keep in mind as you launch the team in order to set the stage for productively working together over the coming months and possibly even years. While there are many ways to do this, here are some guidelines, adapted from a number of sources listed below and supplemented by several documents which we will also provide.

Research has shown that a medical home practice transformation team's success is directly linked to the strength of the launch of the team. Although your team may be feeling a sense of urgency to roll up your sleeves and get to work on improvement initiatives, building a strong foundation for your team is a critical part of the improvement work you will do together. Below are a number of activities in which you may want to invest some time as a way to build a strong team.

Getting to know each other

Taking the time to get to know one another can be helpful in building a strong team. This can happen in ice breaking activities at the first meeting—some teams continue to do a short ice breakers at the beginning of every meeting for several months—or less formally over coffee or lunch one-on-one or in small groups.

What's appropriate to share? No one should be required to share more than they feel comfortable. In fact, the team leader may want to check in with each team member individually to make sure they don't feel pressured to share more than they want to. At the same time, team members can be invited to more formally share their personal stories about their healthcare journey or involvement with the healthcare system if they would like to.

Forming self-governance principles

The Team Launch Process document offers a method for "systematically launching your team and is based on research about what sets a solid foundation for teams, increasing their likelihood of constructive collaboration and successful outcomes." This method includes answering questions such as:

Team purpose: What is the main purpose of our team? What are the consequences of successfully accomplishing that purpose? What are the consequences of failing to accomplish that purpose? What are the top core objectives for the team?

Team resources: What does each team member bring to the team that can advance its main purpose? What skills, knowledge, and experience relevant to the team does each person bring? Under what conditions do you thrive as a team member? Under what conditions do you disengage as a team member?

Norms of collaboration: How will we discuss ideas and options? How will we make decisions? How will we respect each other's time with respect to deadlines? How will we schedule and run our meetings? How will we assign responsibilities for tasks and follow through on our commitments? What are our expectations for meeting preparation and attendance? How will we communicate with each other? How will the team foster and manage constructive conflict? How will the team self-correct when an individual or the team does not

follow the agreed upon principles, guidelines, and norms? What process will you follow to adapt these norms, guidelines, and principles to changing circumstances?

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Establishing Touchstones

Touchstones are rules of an adult community that serve to guide a group's behavior with each other. By adhering to agreed upon guideposts, a group creates a safe and trustworthy space where each individual is able to show up and be present as fully as possible, positioned to make their best contribution to the group's efforts. Having guideposts helps to equalize a group's power dynamics making it safe for each member of a group to speak wholeheartedly and with mutual respect. When there are breaches in behavior, Touchstones serve as a way to call members back to their intentions for a safe and trustworthy community.

Attribution: The Center for Courage & Renewal, www.couragerenewal.org.

Ensuring that every team member has the information they need to begin the work

As a team, you can discuss what information people feel they might need in order to begin their work. Does everyone know what a medical home is? Is everyone familiar with the quality improvement methods that the team will use? Are there basic practice policies and information that patient/family partners should know about?

Reviewing organizational resources and planning for the future

We understand that the work doesn't end with the launch of your practice improvement team. We anticipate that for all teams to create and maintain a high level of effectiveness, all team members will need to enhance their own skills and capacity. In order to help practices gain the knowledge and skills they need, we will be offering quarterly Practice Improvement Team Development sessions.

We anticipate starting this quarterly series in the fall. Team members are invited to suggest topics or training needs. We also welcome your input regarding scheduling time, frequency, and other details that will make it easier for your team to attend.

For further information, please contact: Judy Fleishman, jfleishman@challiance.org, Cristin Lind, caclind@gmail.com, Pat Satterstrom, psatterstrom@hbs.edu, Hanna Sherman, hanna@couragerenewal.org, Soma Stout, sstout@challiance.org

This launch document provides the steps for systematically launching your team and is based on research about what sets a solid foundation for teams, increasing their likelihood of constructive collaboration and successful outcomes.

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Team Launch Process: Formulating Self-Governance Principles

DAY 1: Practice Improvement Team Purpose & Resources

Step 1: Purpose *Each Team Member Individually* 5 Minutes

- In the space below, write down the main purpose of your team
- List the main consequences of success & failure

The main purpose of our team is:	
The **consequences** of successfully accomplishing that purpose include:	The **consequences** of failing to accomplish that purpose include:

Steps 2-3: Meet in pairs, preferably with someone you don't yet know well

Step 2: Come to Consensus *Meet in Pairs* 10 Minutes

- Discuss the main purpose of the team with your assigned pair partner, join your ideas and then reconcile any differences you have, and compare the list of consequences you each enumerated.

- Generate 2 or 3 other core objectives central to the team's success.

Step 3: Identify Team Resources *Different Pairs* 10-15 Minutes

- With a different partner, take turns interviewing one another about what each of you brings to the team that can advance its main purpose. Ask the following questions of your partner and take notes below each question. **Each of you should take five minutes to interview and listen carefully to the other**:

1. What brings you (the other person in the pair in this exercise) to our Improvement Team work?

2. What skills, knowledge, and experience relevant to the team do you bring to the team?

Steps 4-9: Complete in your team with every member present

Step 4: Team Inventory *Meet as a Team* 20 Minutes

- Recognize available resources in team members: Each pair should share with the entire team the data they collected in response to the questions in Step 3. Each team member should describe the resources (skills, knowledge, and experience) that his/her partner brings, and their partner can help correcting or filling in information.

- Discuss the main purpose of the team that each pair formulated, join ideas and reconcile any differences that exist among the entire team, creating a collective agreement on the main purpose of the team.

DAY 2: Meeting with your Practice Improvement Team

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Touchstones

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Touchstones serve to support a circle of trust, a safe and trustworthy community in which to do optimal work. Below are 11 Touchstones. Please review them as a team and ask people to point to any that are particularly important to them or that might be a challenge. Add any other guidelines that will be helpful to make the team a safe and trustworthy place to be present and to contribute. Hand out for members to keep as a reference, and consider posting in your meeting space for easy reminding.

- **Extend and receive welcome –** People work and learn best in hospitable spaces. In this group we support each other's work and learning by giving and receiving hospitality.
- **Be present as fully as possible** – Be here with your doubts, fears, and failings, as well as your convictions, joys and successes, your listening as well as your speaking.
- **What is offered in the circle is by invitation, not demand** – This is not a "share or die" time. Your voice is welcome and you know best when to bring it forward to be heard.
- **Speak your truth in ways that respect other people's truth** – Our views may differ, but speaking one's truth in a trustworthy community means not interpreting, correcting or debating what others say. Speak for yourself, using "I" statements, trusting other people to do their own sifting and winnowing.
- **No fixing, no saving, no advising, no correcting each other** – This is the hardest guideline for those of us in the helping professions. Know when it is time to let the inner teacher be the guide.
- **Learn to respond to others with honest, open questions** instead of counsel or corrections. With such questions, we help hear each other into deeper speech and clearer self-knowledge.
- **Trust and learn from the silence** – Silence is a gift in our noisy world, a way of knowing in itself. After someone has spoken, take time to reflect without immediately filling the space with words.
- **When the going gets rough, turn to wonder** – If you feel judgmental or defensive, pause and ask yourself, "I wonder what brought her to this belief?" "I wonder what he's feeling right now? "I wonder what my reaction teaches me about myself?" Set aside judgment to listen to others—and to yourself—more deeply.
- **Attend to your own inner teacher** – We learn from others, of course. And as we explore questions and reflect together, we have the opportunity to learn from within. Pay close attention to your own reactions and responses, to your most important teacher.
- **Know that it's possible to leave with what you needed when you arrived, and that the learning emerging here will continue to deepen and grow over time.**
- **Observe confidentiality** – Do not repeat personal information to other people. Respect appropriate personal privacy.

Step 5: Norms of Collaboration *Meet as a Team (continued)* **20 Minutes**

- As a team, please formulate the guidelines that will govern how you will work together. The aim is to specify norms of "definite dos" and "definite don'ts," not to document precisely how you will work together. Please address the following dimensions of teamwork:

	Always Do	**Never Do**
How will we discuss ideas and options?		
How will we make decisions?		
How will we respect each other's time with respect to deadlines?		
How will we schedule and run our meetings?		
How will we assign responsibilities for tasks and follow through on our commitments?		
What are our expectations for meeting preparation and attendance?		
How will we communicate with each other?		
How will we transfer information?		
How will the team foster and manage constructive conflict?		

Step 6: Team Self-Governance *Meet as a Team (continued)* 15 Minutes

- As a team, please identify two or three specific ways that your team will self-correct when an individual or the team does not follow the agreed upon principles, guidelines, and norms in step 5:

  1.

  2.

  3.

- As a team, what process will you follow to adapt these norms, guidelines, and principles to changing circumstances?

Step 7: Virtual Team Engagement *Meet as a Team (continued)* 15 Minutes

- How will you approach teammates who you do not see face-to-face regularly?

Step 8: Team Leader Selection *Meet as a Team (continued)* 40 Minutes

- Solicit nominations (including self-nominations) for the leader role.

- Discuss the merits of each nomination in light of the description of the leader role (see "Team Leader and Member Roles")

- Either come to a consensus decision or, if that seems unlikely in the allotted time, take a private vote to determine the leader (plurality wins).

Step 9: Developmental Agenda *Meet as a Team (continued)* 15 Minutes

- 2-3 Minutes per person: Please share with one another (a) one piece of feedback that you have received at work, in school, at home that rings true (or insight you have otherwise gained about yourself) and (b) the two areas in which you would like to develop your teamwork and/or leadership skills, and (c) specific behaviors you plan to experiment with to help you develop in those areas.

- In what ways do you think people at your organization may have an oversimplified view of you? What aspect of "you" that has been less evident to others would you like to emerge in working with the team?

Team Leader and Team Member Roles

As the leader for one of the components, you will own responsibility for the outcome and for establishing the conditions for the team to deliver that outcome. When you are in the leader role, approach it as an opportunity to practice leading. What does this mean? It means understanding your work as different from that of a team member, and it means experimenting with behaviors necessary to do work that may be new or uncomfortable for you initially.

You will have responsibility for the outcome that the team must deliver, and you must implement and manage an effective process so the team produces that outcome. Sometimes when people are learning to lead they mistakenly believe that their primary role is to serve as a hero—to be the one who knows best or delivers the solution or comes up with the breakthrough idea that completes the task. But in fact, the role of the leader is to create the conditions that enable the team as a whole (leader included) to function at its best—so that problems get solved, tasks are completed, and project objectives are met. This does not mean, however, that you abstain from getting your hands dirty or contributing to the team effort to get its work done.

To practice leading, your focus should be on how to unleash *and* harness each individual team member's capabilities *as well as* the team's collective potential. In doing so, you will enable the team to perform the tasks necessary to complete the project. Toward that end, you will want to dedicate your time, attention, and effort to four components central to enabling others to deliver:

1. Launch: As the team first forms and initiates its work together, a leader should help the team:
    - maintain a clear understanding of the challenge—the task it faces
    - grasp the set of relevant knowledge, skills, and experiences that each member can bring to bear on the situation and challenge you collectively face
    - identify common and conflicting interests
    - formulate a strategy for approaching and tackling the work involved in completing the work

2. Process: as the team dives into its work and proceeds through its tasks together, a leader should monitor key dimensions of *how* the team is working together and interacting. This enables the team leader to intervene constructively to help the team operate more effectively.
    - **Individual Involvement**: Is each person engaged sufficiently but not excessively? Is anyone dominating? Is anyone hanging back? Is each person being heard?
    - **Conflict**: Is there sufficient but not excessive conflict? Is the conflict constructive or counter-productive?
    - **Exploration & Execution**: Is the team taking time to explore the problem, a diversity of views, and potential resources? Is it moving to task execution when necessary but not too soon? Is it properly cycling between the two when needed?
    - **Time Management**: Is the team misusing its time, either by rushing where devoting more time would be sensible, or by wasting too much time on something rather than moving on?
    - **Use of Resources**: Is the team drawing on and applying relevant knowledge, skills, and resources that the individuals on the team and surrounding context can supply? Is it reaching out for additional input and resources when needed?
    - **Performance Strategy**: Is the team's approach to doing the task an effective approach? Do any adjustments need to be made in how the team is doing the work?
    - **Forecast**: What challenges will the team face in its next phase of work on the project?

3. Intervention: The question of when a leader should intervene requires judgment and experience to answer. A leader should intervene neither too early (when difficulties, anxiety, pressure, or tension first arise—these can sometimes serve productive purposes) nor too late (when individuals begin to get overwhelmed or the team becomes demoralized). Typically, an individual's urge is to intervene too quickly and to try to fix what's wrong. But leaders need to intervene within the right time span and in a manner the helps the team help itself.
    - With the individuals who compose the team, leaders intervene to
        - elicit or redirect effort and skills
        - increase, decrease, or shift the nature of involvement
        - identify and inquire into a person's counter-productive behavior
        - reinforce constructive contributions
    - With the team as a single, whole unit, leaders intervene to
        - motivate and energize
        - refresh focus on the direction, purpose, mission, or objective
        - alter the balance between exploring (the problem, ideas, and resources) and executing (moving forward with a chosen direction on the task)
        - modify the use of resources or use of time
        - make sure someone is heard or temper the overweighting of a vocal member
        - create pauses to get the team to ignite or temper debate, redirect effort, adjust its "performance strategy" (how it is going about getting its work done)
        - alert the team to what's coming next in its work

4. Closure: The team needs to bring its work to a conclusion and meet the specified objectives—on time. In other contexts, it also needs to identify next steps, assign responsibility for those steps, determine its next collective meeting, and help one another reflect upon and learn from the current experience. Closure includes the following:
    - Move the team toward a successful outcome, whether a final decision, completed output, or some other outcome consistent with the original direction set
    - Identify next steps to be taken
    - Determine who will take responsibility for each of those next steps
    - Agree upon a subsequent meeting
    - Create a learn-and-improve environment
        - Discuss the team's process and any improvements that can be made to enhance outcomes in the future
        - Provide feedback and coaching to individuals

There are different ways to perform each of these four components. For example with launching the team, some leaders prefer, or some situations call for, the leader him/herself to articulate a clear and engaging direction, formulate the strategy for tackling the challenge, and identify the relevant skills and resources at the team's disposal. Other leaders may prefer, or situations may call for, the team to collaborate on articulating the direction, formulating the strategy for tackling the challenge, and identifying relevant skills and resources. Multiple approaches can work, but most important is for the leader to take on responsibility for these components. Doing this work helps create the conditions for individuals and the team to function at their best.

Working on these four components can feel far different from working directly on performing the task, which you will also do. That is why you may want to approach your opportunity to lead as an opportunity to experiment—to try out new behaviors.

Role of Team Member

As a team member, your objective is to contribute as constructively as possible to the task at hand so that the team can complete the project successfully. Dive in and help your team perform at its best. You do not want to displace the designated leader—let that person have the opportunity to practice leading—but you want to put your full effort and talent toward being an effective team member and enabling your teammates to bring their best selves to the work at hand.