The Linda Crane Lecture

From Silos to Bridges: Preparing Effective Teams for a Better Delivery System

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The World Health Organization's *Framework for Action on Interprofessional Education and Collaborative Practice*¹ calls for the preparation of a collaborative-ready workforce to meet global health needs including the management of chronic health conditions. While mechanisms that shape interprofessional education and collaborative practice vary among health systems, effective teamwork is a common ingredient for quality care. This lecture focuses on preparing effective teams by learning the common dysfunctions of teams, reviewing strategies for addressing dysfunctions, and understanding the role of team's leader in overcoming these dysfunctions. Faculty should reexamine how professional and postprofessional programs address team-based competencies and how we prepare physical therapists and physical therapist assistants to become effective members of the health care team.

INTRODUCTION

Good afternoon and thank you for attending this session. It is an honor to be this year's recipient of the Dr. Linda Crane Memorial Lecture Award. When this award was created about 15 years ago, I served as the Editor for the *Cardiopulmonary Physical Therapy Journal* and was very pleased when the decision was made to publish these lectures in the Journal. I knew this would bring some meaningful contributions to our publication and I remember thinking there were many deserving recipients in the cardiopulmonary, pediatric, and education sections. I truly did not expect to be one of them.

Before beginning, I would like to thank the selection committee and Drs. Michael Puthoff, Jane Eason, Ellen Hillegass, and Dianne Jewell for their respective roles in nominating me. Also, I would like to extend a special

thank you to my colleagues, alumni, and current students from St. Ambrose University who are here today. My work with these individuals, in some cases for over 20 years, was an inspiration for the topic I chose to discuss.

Like many of the past Linda Crane Award recipients, I had the honor of knowing Dr. Linda Crane. I remember the very first time I met Linda. It was back in the late 1980s and I was attending one of my first Combined Sections Meetings. A doctoral student at the University of Iowa, I came to CSM to present a poster and found myself at the cardiopulmonary research platform presentations one afternoon. I really did not know many people at that time but came in and sat on the end of one of the rows. I think Linda recognized me as a newcomer and slid down several empty spaces between us to introduce herself to me. As we talked, she inquired about my interest in cardiopulmonary physical therapy. It was great to meet someone who was so excited about cardiopulmonary physical therapy. She encouraged me to come to the Section business meeting later that day and then proceeded to introduce me to others in the Section. I remember feeling as though someone had just opened a door for me. If Linda was here with us today, I doubt these generous actions would stand out to her but, her kindness certainly made a positive impact on me.

I have listened to almost every Linda Crane Lecture given since the first one by Meryl Cohen in 2000.² The speakers have covered a wide range of topics important to physical therapy practice and education. They have also provided an opportunity for us to learn more about Linda. She has been described as passionate, outgoing, someone who lived her life to the fullest and someone many physical therapists enjoyed working with...she was the type of person you want on your team.

Some of my colleagues are worried that I will be using this opportunity to talk about common structures in the Iowa landscape. While it is true we have many silos and bridges in Iowa, including the famous *Bridges of Madison County*,³ that is not my intended focus. As I proceed, I hope the purpose of the title becomes more obvious. I'd like to begin by talking about teams.

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GETTING THE RIGHT PEOPLE ON THE TEAM

I have had the opportunity to work with some great teams. Throughout my experiences in clinical practice and academia, I have met many therapists, clinic managers, health care executives, college and university presidents, vice presidents, deans, department heads and their respective teams. I have always been interested in how and why some teams seem to function better than others. Some attribute this to strong leadership. Recently at a board meeting of an area health care system, we were reviewing the scorecard of numerous metrics tracked across the organization. The system's President & CEO was asked why a certain service area consistently received such high marks in quality, safety, and patient satisfaction. He immediately recognized the head of the unit, and said she was a strong leader who had built a strong team. They function together amazingly well. They have set clear goals and work toward them. In other words, they are all "rowing in the same direction."

Living most of my life in Iowa, I have never served on a rowing team but I have had the privilege of working with a great group of individuals who were rowing in the same direction. And, when this happens, the successes you share together are as exhilarating as crossing the finish line first. While I believe leaders can do much to set the tone for how the members of a unit engage in their work and function as a team, the members of the team are very important, too.

Consider for a moment that your practice, academic department, or business is a bus and your leader is the bus driver. In *Good to Great*,⁴ author Jim Collins describes the important first steps of getting the right people on the bus, getting the right people off the bus, and getting the right people in the right seats on the bus. He arrived at this after selecting 1435 good companies, watching their performance for 40 years and then studying the 11 companies that performed great. According to Collins, leaders of good-to-great organizations understand the importance of who the team members are and 3 simple truths.

Collins advises that you should first begin with "who" so you can more easily adapt to a fast-changing world. *"If people get on your bus because of where they think it's going, you'll be in trouble when you get 10 miles down the road and discover that you need to change direction because the world (or in our case, a program or health care) has changed. But if people board the bus principally because of all the other great people on the bus, you'll be much faster and smarter in responding to changing conditions."* Second, leaders who have the right people on the bus don't need to worry about motivating them. The right people are self-motivated and value being part of a team that is expected to produce great results. And third, Collin advises, *"if you have the wrong people on the bus, nothing else matters. You may be headed in the right direction, but you still won't achieve greatness. Great vision with mediocre people still produces mediocre results."*

Personnel decisions are among the most important decisions you will ever make. It is well worth the time it takes to run strong search processes and find the right person to join your team. Although disappointing,

sometimes not filling the position (a failed search) is the best outcome for a team. If you are a student who will be interviewing for positions soon, ask to spend time with the staff, find out how they work together as a team and what they have accomplished together. What you learn from these questions may be more telling than many of the other parts of the interview process.

Teamwork is becoming more and more essential in the provision of health care. In fact, most experts believe that in order to deliver high-quality, safe and efficient care, and meet the public's increasingly complex health care needs, the educational preparation of health professionals must transition from one of silos to one that fosters communication, collaboration, and a team approach to providing care.

In 2014, the Affordable Care Act will bring health care coverage to an estimated 32 million previously uninsured Americans, many of whom are expected to bear a high disease burden.⁵ We expect that more emphasis will be placed on preventive and primary care at a time when record numbers of retirements are occurring, especially among physicians. The current health care system will be challenged to meet these additional needs. Financial incentives will reward care coordination and improvements in chronic disease management. Initiatives to improve care transitions and reduce hospital readmissions will be best realized through the use of functional health care teams.

So, what is a functional team and why do some teams function better than others? Many authors⁶⁻⁹ have described the ingredients for making great teams. Here, I would like to share a different approach. As physical therapists we are accustomed to identifying signs and symptoms of dysfunction and then providing interventions. I would like to summarize some of the work of one of my favorite authors.

TEAM DYSFUNCTION

While working on a theory about leadership, author Patrick Lencioni wrote the *Five Dysfunctions of a Team: A Leadership Fable*.¹⁰ In the first 185 pages, he introduces the 5 dysfunctions of a team while writing about a fictional organization. As you read the book, it's easy to relate your own experiences with those of the main characters. The story takes place near Silicon Valley and the fictitious company is called DecisionTech, Inc. A brief summary of the fictional story¹⁰ follows.

Only one person thought Kathryn was the right choice to become the CEO of DecisionTech, Inc. Fortunately for her, that person was a friend and the company's chairman of the board. She was appointed shortly after the previous chief executive had been removed from the company's top leadership role. Just two years earlier Decision Tech, Inc. had been one of the most promising companies in the history of Silicon Valley. She was surprised to find just how far the company had fallen in such a short period of time, and what the first few months of her new position would be like. Kathryn had absolutely no experience in the technology industry but she had a gift for building teams.

After a brief reception on her first day and interviews with each of her direct reports, Kathryn spent most of her time talking with staff members, listening, and observing as many meetings as she could attend. Perhaps most controversial of all, she asked DecisionTech's former CEO and current head of business development to continue leading the weekly executive staff meetings, where she listened and took notes. Then she announced several two-day executive retreats in Napa Valley to be held over the course of the next few months. None of her direct reports could believe she would take them out of the office for so many days when there was so much "real work" to be done. One of Kathryn's early observations was that the employees referred to the company's executive as the "staff." No one referred to them as the leadership team.

Even though the members were collectively brilliant and had impressive educational backgrounds, their behavior during meetings was far worse than anything she had seen in the automotive world, where she had previously worked. Although there was no open hostility and no one ever seemed to argue, an underlying tension was clearly present. Discussions were slow and uninteresting, decisions were not made, and everyone seemed to be watching the clock waiting for each meeting to end.

She started the retreat by saying, "After interviewing with every member of our board and spending time with each of you, and then talking to most of our employees, it is very clear to me what our problem is." She paused before completing the thought. "We are not functioning as a team. In fact, we are quite dysfunctional." She assured them that the one reason they were in Napa Valley was to get results as this was the only true measure of a team. She shared her expectation that in the next year and the year after that, this company will be able to look back on revenue growth, profitability, customer retention, and satisfaction. Also, she promised that "none of that will happen if we do not address the issues that are preventing us from acting like a team." She then drew a triangle on the whiteboard with 5 sections and introduced the model.

Figure 1. Lencioni's Five Dysfunctions of a Team.¹⁰

The first dysfunction is *absence of trust*. "Trust is the foundation of real teamwork. And so the first dysfunction is a failure on the part of team members to understand and open up to one another. It is an absolutely critical part of building a team. In fact, it's probably the most critical. Members of great teams do not hold back with one another," she said. "They admit their mistakes, their weaknesses, and their concerns without fear of reprisal." Kathryn told the group, "The fact is, if we don't trust one another then we cannot be the kind of team that ultimately achieves results."

Kathryn described the next dysfunction by writing the phrase *inattention to results* at the top of the triangle. "We are going to the top of the chart now to talk about the ultimate dysfunction: the tendency of team members to seek out individual recognition and attention at the expense of results. And I'm referring to collective results based on the goals of the entire team." The key is to make the collective ego greater than the individual ones. "When everyone is focused on results and using those to define success, it is difficult for ego to get out of hand. No matter how good an individual on the team might be feeling about his or her situation, if the team loses, everyone loses."

Just above absence of trust, she wrote *fear of conflict*. "If we don't trust one another, then we aren't going to engage in open, constructive, ideological conflict. And we'll just continue to preserve a sense of artificial harmony." A member of the team asked why harmony wasn't important. "It's the lack of conflict that's a problem," Kathryn answered. "Harmony itself is good if it comes as a result of working through issues constantly and cycling through conflict. But if it comes only as a result of people holding back their opinions and honest concerns, then it's a bad thing. I'd trade that false kind of harmony any day for a team's willingness to argue effectively about an issue and then walk away with no collateral damage."

To drill this point home a bit further, she asks her executives to reflect on a simple question for a minute. "Would you rather go to a meeting or a movie?" While there are likely some exceptions, if we are honest, most of us (even people like me who like going to meetings) would choose a movie. But, why and what's the difference? Both meetings and movies are often 90-120 minutes in length, movies are not real and we cannot interact with the characters. Meetings have relevance and should impact our lives, at least our professional lives more than a couple hours at a cinema. The answer is conflict. All movies have some type of conflict and it's the conflict that makes it interesting. Lencioni is certainly not suggesting that we argue in every meeting, but meetings are exactly where team conflict should happen.

The next dysfunction of a team is a *lack of commitment* and a failure to buy into decisions. She wrote this dysfunction above the previous one. The evidence of this one is ambiguity. Kathryn explains, "I'm talking about committing to a plan or a decision, and getting everyone to clearly buy into it. That's why conflict is so important. When people don't unload their opinions and feel like they've been listened to, they won't really get on board. The

point here is that most reasonable people don't have to get their way in a discussion. They just need to be heard, and to know that their input was considered and responded to."

Kathryn added the fifth dysfunction, *avoidance of accountability*. She explained, "Once we achieve clarity and buy-in, we have to hold each other accountable for what we sign up to do, for high standards of performance and behavior. And as simple as that sounds, most team members hate to do it, especially when it comes to a peer's behavior, because they want to avoid interpersonal discomfort." She continues on about the need for team members to call each other out on things that matters, and not to let something go to avoid interpersonal discomfort.

If you work in a typical organization and have experience working on teams, at least some of the main characters will be familiar to you. As an example, the Vice President of Marketing does a great job when it comes to developing marketing materials but places her results ahead of that of the team; the introverted head of Research and Development who bangs on his laptop computer during meetings and doesn't appear to be listening; and the Vice President of Operations who really doesn't understand what he is supposed to be doing for the organization.

OVERCOMING THE FIVE DYSFUNCTIONS

These dysfunctions can be interpreted as 5 distinct issues addressed in isolation from the others. According to Lencioni, they form an interrelated model. Susceptibility to even one of them is potentially lethal for the success of a team. Teamwork can deteriorate if even a single dysfunction is allowed to flourish. Lencioni has proposed several interventions and the role of the leader for each.¹⁰ These are summarized in Table 1.

How does a team go about building trust? Unfortunately, vulnerability-based trust cannot be achieved overnight. It requires shared experiences over time, multiple instances of follow-through and credibility, and an in-depth understanding of the unique attributes of team members. I remember one of my first days working in inpatient cardiac rehabilitation. Before I could see a patient, the charge nurse asked me to join her at the telemetry monitors and then proceeded to quiz me on the electrocardiograms of each and every patient being monitored. When I jumped ahead to a monitor showing sustained ventricular tachycardia and suggested that someone check that patient right away, I earned some of her trust but I found that I needed to continue to do so each and every day.

Lencioni provides several tools to help teams overcome this dysfunction.¹⁰ A common approach is the personal history exercise where team members answer a short list of questions. When you introduce this activity, team members—especially those who think they know each other well, are skeptical. But, even team members who have worked together for a long time make new connections or come to appreciate why their colleagues might have a different point of view. In the team effectiveness exercise, team members identify the single most important contribution that each of their peers makes to the team, as well as the one area that they must either improve upon or eliminate for the good of the team. Personality and behavioral preferences profiles such as the Myers-Briggs Type Indicator¹¹ are thought to be the most effective and lasting tools for building trust on a team.

The most important action that a leader must take to encourage the building of trust on a team is to demonstrate vulnerability first. This requires that the leader risk losing

Table 1. Dysfunctions, Characteristics of Effective Teams, and Strategies for Improving Team Function. Adapted from Lencioni P. *Five Dysfunctions of a Team: A Leadership Fable*. 2002.

Dysfunction	Effective Teams	Strategies	Role of Leader
Absence of Trust	Trust one another	<ul style="list-style-type: none"> • Personal histories exercise • Team effectiveness exercise • Personality and behavioral preference profiles • Implement 360-degree feedback 	Display vulnerability first
Fear of Conflict	Engage in unfiltered conflict around ideas	<ul style="list-style-type: none"> • Mining for conflict • Real time permission (to debate) • Coaching not to retreat from healthy debate • Restraint by leader when team engages in conflict 	Mine for conflict
Lack of Commitment	Commit to decisions and plans of actions	<ul style="list-style-type: none"> • Reviewing and reporting out key decisions • Setting deadlines for making important decisions • Discuss contingency plans • Clarify the worst case scenario • Start with low-risk situations 	Force clarity and closure
Avoidance of Accountability	Hold one another accountable for delivering against those plans	<ul style="list-style-type: none"> • Publication of goals and standards • Regular reviews • Team rewards • Holding peers accountable 	Confront difficult issues
Inattention to Results	Focus on achieving collective results	<ul style="list-style-type: none"> • Publicly declare results • Results-based awards • Stay focused on results 	Focus on collective outcomes

face in front of the team, so that their team members will do the same. And, the team leader's display of vulnerability must be genuine. Leaders need to help the members learn that "trust is knowing that when a team member does push you, they're doing it because they care about the team."¹⁰

The failure to build trust is damaging because it sets the tone for the second dysfunction: fear of conflict. Teams that lack trust are incapable of engaging in unfiltered and passionate debate of ideas. Teams that engage in productive conflict know that its only purpose is to produce the best possible solution in the shortest period of time. They discuss and resolve issues more quickly and completely than other teams do, and are able to emerge from heated debates with no residual feelings or collateral damage, but with an eagerness and readiness to take on the next important issue.

How does a team go about developing the ability and willingness to engage in healthy conflict? The first step is to acknowledge that conflict is productive and that many teams have a tendency to avoid it. Lencioni recommends identifying a member of the group to serve as the miner of conflict who brings areas of conflict back to the discussion and coaches team members not to retreat from a healthy debate.¹⁰ Members less likely to engage in conflict will need help.

It is extremely important for leaders to demonstrate restraint when team members engage in conflict, and allow resolution to occur naturally, even though it can become very messy work at times. A leader's ability to model appropriate conflict behavior is essential. A team leader that avoids necessary conflict encourages this dysfunction to thrive.

A lack of healthy conflict ensures a lack of commitment. In the context of a team, commitment is a function of two things: clarity and buy-in. Great teams make clear and timely decisions and move forward with complete buy-in from every member of the team, even those who voted against the decision. They leave meetings confident that no one on the team is quietly harboring doubts about whether to support the actions agreed on. Great teams understand that reasonable human beings do not need to get their way in order to support a decision, but only need to know that their opinions have been heard and considered.

Also, great teams pride themselves on being able to unite behind decisions and commit to clear courses of action even when there is little assurance about whether the decision is correct. Recall the health service unit with superior outcomes. They were excellent at making clear decisions and following them. They practice in an area where established care plans and protocols frequently change and there's good buy-in that changes will continue to occur as needed.

How does a team go about ensuring commitment? By taking specific steps to maximize clarity and achieve buy-in. Here Lencioni shares multiple strategies such as reviewing and reporting out key decisions made at the end of the meeting and coming to agreement on what needs to be communicated to other constituents. Setting clear deadlines for when important decisions will be made and

sticking to that deadline is helpful.¹⁰ A team that struggles with commitment can work on overcoming this tendency by discussing contingency plans or clarifying the worst-case scenario for a decision they are struggling to make. Additionally, a team that fears commitment might start demonstrating decisiveness in low-risk situations. In addition to moving teams to decisions, the team leader must be comfortable with the possibility of making a decision that may ultimately turn out to be wrong.

Because of this lack of real commitment and buy-in, team members develop an avoidance of accountability, the fourth dysfunction. In the context of teamwork, *accountability* refers specifically to the willingness of team members to call their peers on performance or behaviors that might hurt the team. That's the key intervention and requires getting used to the interpersonal discomfort when you have to have a difficult conversation with a peer. Members of great teams can do this and they actually improve their relationship with each other. While it may begin with some sleepless nights, you almost always feel better after having the conversation, even if it doesn't go completely as you hope. In some cases, you learn something else about your team member and that helps build trust. When the goals and standards are clear, it is easier for team members to hold each other accountable. Periodic assessment of how the team is performing against these goals and standards can also be helpful. The team also creates a culture of accountability when shifting rewards from individual performance toward team performance. When there's buy-in on the importance of achieving results, members are unlikely to allow the team to fail because a peer is not performing or pulling his or her weight.

One of the most difficult challenges for a leader who wants to instill accountability on a team is to allow the team to serve as the accountability mechanism. Also, the leader must be willing to serve as the ultimate arbiter of discipline when the team itself fails. In practice, this is often where some people get off the bus. Failure to hold one another accountable creates an environment where the fifth dysfunction can thrive. The ultimate dysfunction of a team is the tendency of members to care about something other than the collective goals of the group. These need to be broad goals that are important to the whole organization.

In health care systems and practices, the collective goals often relate to quality and safety. Strong health care systems state them clearly and share these results publically, at least with the members of the organization that are responsible. It is critical for the leader to set the tone for a focus on results. If team members sense that the leader values anything other than these results, they will take that as permission to do the same for themselves.

A top goal for a growing number of health care systems relates to the number of serious safety events recorded in a given year. According to the American Society for Healthcare Risk Management, a serious safety event, in any health care setting, is "a deviation from generally accepted practice or process that reaches the patient and causes severe harm or death."¹² Many of us are likely familiar with the serious safety events that make the headlines such as

Table 2. Deviations from Accepted Practice or Process as Defined by the American Society for Healthcare Risk Management, 2012

- ✓ Failure to follow standard procedures such as with medication administration and patient identification
- ✓ Failure to assess a patient for the risk of falling
- ✓ Failure to implement standard fall prevention methods for high-risk patients
- ✓ Failure to monitor and assess patient condition
- ✓ Delays in care
- ✓ Wrong method or process for care delivery
- ✓ Wrong procedure or a procedure done on wrong patient
- ✓ Lack of a backup generator for surgical cases
- ✓ Implantation after a product has been recalled
- ✓ Failure to upgrade substandard fire pumps

a surgeon removing the wrong limb in an amputation or giving a pediatric patient an adult dose of medication. As shown in Table 2, the list of examples of deviation, you will find that several of these examples could easily be aligned with the role of the physical therapist.

The root-cause analysis that follows an event helps us determine if an event is truly a serious safety event, a precursor safety event, or a near miss safety event. A precursor event reaches the patient but causes minimal or no detectable harm. A near miss safety event is detected and does not reach the patient. An important point I want to emphasize is the follow-up analysis almost always reveals that a serious safety event was not the result of an individual but rather the failure of the health care team. It may have started with an absence of trust. At some level, members of the health care team were unwilling to deal with conflict, hold each other accountable, and practice with attention to the system's top goals in mind.

The focus on preventing serious safety events is a top priority for the American Society for Healthcare Risk Management and the U.S. health care system. This organization created the *Getting to Zero Initiative*¹³ to guide its members and the health care community in a proactive approach to reduce risks that lead to serious safety events and improve patient safety. The first of a series of white papers on methods to manage, investigate, measure, and prevent serious safety events was released in 2012. Getting to zero clearly requires strong teams and the preparation of a workforce ready to serve on these strong teams.

In recent years, established and developing physical therapist educational programs have increased the number of interprofessional learning experiences. A common first step is a case based process that brings students together to learn about the roles of a respective discipline. That's a great start but we need to build on these to prepare students and practitioners to be effective team members. In 2011, the Interprofessional Education Collaboration's Expert Panel

released recommended competencies for interprofessional collaborative practice.¹⁴ The 4 domains of competencies include: (1) values and ethics for interprofessional practice, (2) roles and responsibilities, (3) interprofessional communication, and (4) teams and teamwork. We should compare the design of our interprofessional experiences to Lencioni's model. How well do the interprofessional learning experiences prepare team members to trust one another, engage in unfiltered conflict around ideas, commit to decisions and plans of action, hold one another accountable for delivering against those plans, and focus on achieving collective results?

Perhaps more cases need to have less than optimal outcomes, introduce conflict among team members, or deal with a serious safety event. Simulation centers provide a safe environment for this team training and opportunities for the instructor to program or modify a scenario as it develops. For those in academic programs, I encourage you to break down those silos when you can, build bridges, and help students practice dealing with the common dysfunctions of teams. According to the expert panel, health care team training shouldn't be on-the-job training and needs to begin during professional training programs. Because our programs to prepare physical therapists and physical therapist assistants are typically packed full, we need to reexamine the content of programs and make room for team preparation. Our curriculum review processes need to ensure the program's learning goals include work on teams and help faculty remove information from the curriculum. It's always much easier to add content.

CONCLUSION

Effective teamwork comes down to practicing a small set of principles over a long period of time. Success does not depend on mastering complex theories, but instead embracing common sense with high levels of discipline and persistence. Many teams succeed and are functional

because team members usually want to experience positive outcomes. Physical therapy educators need to continue efforts in preparing graduates to serve as effective team members. Recognizing the common pitfalls of dysfunction can make for more effective teams.

In case you want to read the book, I won't tell you how the story ends for Kathryn and the team at DecisionTech, Inc. Know that simply introducing the model doesn't lead to change and Kathryn pushes them hard regarding their behavior. Like many organizations with dysfunction, some members of the executive team stay on the bus, some get off of the bus, and others eventually change seats.

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