

3. EFFECTIVE TEAMWORK FOR GUIDELINE IMPLEMENTATION

CHOOSE THE TEAM LEADER

The *guideline champion* acts as the clinical leader of the implementation team. This person should be a primary care clinician and a respected opinion leader at the MTF with expertise in the content of the guideline and a strong commitment to its successful implementation. This person reports to the MTF leadership on team progress and has overall responsibility for implementation activities. The guideline champion participates in all team meetings and provides technical assistance to the team during the development and execution of the Guideline Implementation Action Plan (see Section 4).

The implementation team is led by a respected opinion leader and facilitated by an experienced group manager.

The *implementation team facilitator* coordinates and manages team operations. This person should have experience using group process techniques and managing group dynamics. The facilitator should also have experience working with quantitative data and be able to provide the technical and administrative support necessary to help the team meet its goals.



Field Note

All Three Demonstrations: In cases where the guideline champion was not granted dedicated time to his/her responsibilities as champion the resulting lack in leadership slowed the pace of implementation considerably. Granting dedicated time to champions is vital to the success of guideline implementation.



Field Note

All Three Demonstrations: Reassignment of guideline champions and implementation team facilitators often left a vacuum that put guideline implementation on extended hold. Planning ahead for potential reassignment of implementation leadership is essential to successful guideline implementation.

Team membership should reflect the variety of clinical and support staff involved in implementation.

CHOOSE THE TEAM MEMBERS

Implementing clinical guidelines requires the cooperation of a variety of clinical and support staff. By using a multidisciplinary team to lead the implementation effort, you will help ensure that representatives from different aspects of the patient care process will develop commitment to the implementation effort and contribute their respective content areas of expertise to that process.

Determine who should be on the team by asking:

- Who will have the most important roles in making needed changes for implementing the guideline?
- Who else is affected by implementing this guideline?
- Who can influence the success or failure of implementation?
- Who has special skills that our implementation team may require, such as an intimate knowledge of a part of the process of care affected by the guideline, or the ability to help with measurement?

An optimal team will consist of 8 to 10 members representing the actual mix of clinical and support staff who will be involved in implementing the guideline. This team size provides enough members for diversity of opinion without having too many to achieve consensus.



Field Note

***LBP Demonstration:** After the off-site planning process, two MTFs made their implementation action teams smaller, and changed the team membership to include occupational medicine, health education, and clinic administration. Both MTFs felt it was important for the team to represent all involved in making system changes.*

The team needs appropriate training and effective management tools.

USE EFFECTIVE TEAMWORK STRATEGIES

Strategies for effective teamwork can be grouped into four categories:

Train Your Team

All team members should receive basic training in the planning and process improvement strategies presented in Sections 4 and 5. Providing this training before the team begins its work gives members a better understanding of the methods they will be using and increases their sense of involvement in the team process. It will also give them some of the skills necessary for working effectively in groups.

Use Management Tools

Effective teams will use the following management tools:

- **Timelines:** Timelines (e.g., Gantt chart—see page 93) should be used to mark progress through time-limited stages in the implementation process.
- **Structured Meetings:** Team meetings should follow an agreed upon format and written agenda and have specific objectives. Someone should be assigned to take minutes and keep time. Action items assigned to particular team members should be noted and tracked.
- **Storyboards/Flowcharts:**



These tools help the team to focus on the systems approach to guideline implementation and the process approach to improvement strategies (see Section 5 for a description of the PDSA process).

- **Baseline Data:** Baseline data on the patient population and on current practices will assist the team in its planning efforts.

Build Team Consensus

Team members may have a variety of ideas about how to implement guidelines. However, it is vital that members reach consensus about goals and objectives. In developing the Implementation Action Plan, allow sufficient time for discussion to ensure that all team members can contribute their ideas and stand behind the final plan. Also, make sure

The team must agree about its goals and objectives.

that the team maintains consensus as issues arise during implementation that require troubleshooting or revising the plan.



Field Note

***Diabetes Demonstration:** Careful teamwork before the off-site planning meeting helped a team gain a clear understanding of the MTF's patient population and clinical practices. This work also built team cohesiveness and consensus on issues to be addressed.*

Staff who participate in the team process are more likely to support it.

Promote Participation

Effective teams foster participation of all members. Some ways to promote participation include:

- **Involve team in developing management tools:**



Including all team members in decisions about managing the team's work will encourage commitment to team processes.

- **Involve team in the delegation of tasks:** If team members are involved in the process of assigning tasks, they will be more likely to volunteer their services and will be more committed to the tasks they take on.
- **Solicit the input of the most reticent team members:** Make an extra effort to include team members who don't speak up frequently at team meetings. These people may be vital to your implementation efforts, and their input should be valued and encouraged.

COMMUNICATE EFFECTIVELY

The team fosters staff buy-in by communicating key messages to clinicians.



The leaders and members of the implementation team act as the spokespersons for guideline implementation at your MTF. They are responsible for communicating the value of the guideline and the implementation effort to the rest of the MTF staff (see Appendix A for the role of MTF leadership). The team can help build

local ownership/buy-in by communicating the following messages:

- **Guidelines help clinicians do what they know is best:** Guidelines are about streamlining systems of care so that medicine can be practiced in the way that clinicians know is best. Clinical guidelines will focus your MTF on putting the necessary elements—staff, information systems, and clinical and administrative processes—in place so that patients receive high-quality, evidence-based care.
- **Implementing guidelines does not imply clinician incompetence:** When clinicians are told that they must follow guidelines, what they often hear is “you are incompetent and you need to follow rules to correct your mistakes.” This provider reaction to so-called “cook-book medicine” is widespread and must be acknowledged. A good way to respond to this sentiment is by emphasizing the message in the previous bullet point.



Field Note

Diabetes and Asthma Demonstration: Several MTFs chose specialists as their implementation champions when the guidelines were designed to target primary care practice. This disconnect between leadership and front-line implementers sometimes led to a lack of sensitivity to clinical realities of guideline implementation.

TEAM DYNAMICS

The facilitator needs special knowledge about effective team functioning. However, all team members should know something about team dynamics. Most teams go through typical stages of development, which have been characterized as *forming*, *storming*, *norming*, and *performing*. In each stage, members are apt to have certain feelings and exhibit certain behaviors. In reality, teams cycle back and forth through various stages. Adding new members, failing to meet for several weeks or running up against a seemingly insurmountable barrier can set teams back.

Most teams go through four developmental stages.

- **Forming Stage:** Initially, team members often feel excitement, anticipation, optimism, and pride in being chosen for the project. They have an initial, tentative attachment to the team. Team members are also likely to be suspicious, fearful, and anxious about the job ahead, but they may be reluctant to express these feelings. Teams in the forming stage are often characterized by politeness and lack of overt disagreement.
- **Storming Stage:** In this stage, team members begin to challenge each other more openly. They may resist the task and be uncomfortable with any new approach. They are likely to experience “mood swings” about the team’s ability and chance for success. Members may feel uncertain about their own role and their ability to contribute to or control the team’s work. They may suspect that others have ulterior motives or hidden agendas.
- **Norming Stage:** This is when things start to come together. In this stage, the team develops norms for resolving conflicts, managing work assignments, and running meetings. Members will be more comfortable about being on the team and be more able to take constructive criticism and have positions questioned. They will also begin to believe that the team can succeed.
- **Performing Stage:** Effective teams are those that reach this stage. Members will feel satisfied about their personal contributions, growth, and learning. They will understand the strengths and weaknesses of other team members, as well as their own, and be more comfortable with the team’s methods. The team will feel pride in its progress.



Asthma Demonstration: After the off-site planning meeting, all participating MTFs required some lead time before starting full implementation activities. They spent the early weeks building their teams and finalizing preparations to educate clinicians. Such development work paid off in stronger, more cohesive efforts to make necessary system changes.