

**Primary Health Services Branch  
Saskatchewan Health  
3475 Albert Street  
Regina, Saskatchewan S4S 6X6**

## **TEAM EFFECTIVENESS TOOL**

**JANUARY, 2002**



Dear Sir or Madam:

The Primary Health Services Branch of Saskatchewan Health is undertaking a study as part of the evaluation of primary health service sites in Saskatchewan entitled "Team Effectiveness in Primary Health Care".

The Primary Health Services Initiative of Saskatchewan Health was launched to demonstrate the benefits of a more integrated model of service delivery for basic health needs, through the establishment of primary health service sites.

Primary Health Service sites will be evaluated at the end of five years with an interim evaluation at the end of three years. An evaluation framework has been developed along with an evaluation workplan to provide guidance for the evaluation of the sites. As primary health service sites are established, it is important that data required for evaluation are being collected from the outset.

Teamwork will be one element evaluated as part of the site evaluation and the overall provincial initiative. The Team Effectiveness Tool has been developed to provide an assessment of key elements of teams including team purpose and vision, roles, communication, service delivery, team support, and partnerships. The tool is intended to be used by teams periodically to assess their progress.

Team members involved with primary health service sites are being asked to participate in this study by completing the Team Effectiveness Tool. Team members may be asked to complete the tool several times over the next five years. The tool should take approximately 15 minutes to complete. Each team in consultation with the Primary Health Services Branch (PHSB) will decide how the tool will be distributed and returned to the PHSB. Any of the following approaches may be considered and utilized:

- a) The survey can be distributed at a team meeting and completed at the same meeting. An individual acceptable to the team can then collect the completed surveys and send them to the PHSB for analysis.
- b) The survey can be sent/distributed to individual team members with an enclosed self-addressed stamped envelope to send directly back to the PHSB.
- c) The survey can be sent/distributed to individual team members. An envelope can be placed in a central location in which team members may place completed surveys at the site. An individual designated by the team would be responsible for sending the completed surveys to the PHSB.

Information received by the Primary Health Services Branch will be kept confidential. All information will be used in a nameless, summarized form. Under no circumstances will information about an individual participant be passed back to the Health District.

All information collected will be safeguarded and securely stored in the Primary Health Services Branch of Saskatchewan Health for a minimum of five years as set down in the regulations governing the University of Saskatchewan.

Self-identification on the tool is **optional** and only an aggregated group score will be shared with an individual team to ensure anonymity. Team members who choose to self identify will receive feedback on their own responses and the overall group response. Computer files containing individual reports will be deleted once the report is sent to the individual. Only one hard copy of an individual's report is printed for return to the individual.

Teams members will receive an aggregated group report for discussion by the team. It is recommended that a facilitator be designated to lead the discussion.

The information collected will be used as a part of the evaluation report for the site and as part of the provincial initiative and potentially may be presented at conferences and/or published in articles. Any publication of the information will be done in a nameless, summarized form.

Participation in this study is voluntary and there is no guarantee that participants will benefit personally. Participants may withdraw from this research project at any time and may request that the individual information they provided be destroyed. Team members who decide not to participate or those who withdraw will not be jeopardized either professionally or personally. A cover letter outlining the research project will be provided to participants each time that they complete the Team Effectiveness Tool. Completion of the tool will indicate a participant's consent to participate and permission for the Primary Health Services Branch to use the information gathered in the manner described in this letter. Participants will be advised of any new information about the study through the cover letter, which will be circulated each and every time the tool is circulated.

This research project was reviewed and approved by the University Advisory Committee on Ethics in Behavioural Science Research, University of Saskatchewan on January 24, 2002.

Participants are encouraged to call the following individuals at the Primary Health Services Branch if there are any questions with regard to this study.

Gill White	(306) 787-0875	Vivian Krakowski	(306) 787-0818
Rick Kilarski	(306) 787-0886	Marlene Chapellaz	(306) 787-3025
Lynn Davis	(306) 787-0716	Eunice Patterson	(306) 787-1001
Fay Schuster	(306) 787-5058	Lou Karpinski	(306) 787-1002

If you have any concerns about your rights as a participant in this study, you may call the Office of Research Services, University of Saskatchewan (306-966-4053).

Sincerely,



Gill White, MD  
Acting Executive Director  
Primary Health Services Branch  
Saskatchewan Health

## INTRODUCTION

One of the key elements within the Primary Health Services Initiative is the delivery of services through an interdisciplinary team approach. An interdisciplinary team approach involves individual professionals, with a shared goal, coming together to work toward the achievement of the goal. Team members commit to working as a team as it is seen as the most effective way to achieve the common goal. Team members bring their specialized knowledge and skills to a team to ensure that individuals needing services have ready access to a range of services.

There is general agreement that an interdisciplinary team approach to service delivery results in more positive outcomes for clients and reduces service overlaps and service gaps. As well, it supports greater job satisfaction and lifestyle needs of health care providers.

Primary Health Service sites will be evaluated at the end of five years with an interim evaluation at the end of three years. An evaluation framework has been developed along with an evaluation workplan to provide guidance for the evaluation of the sites. Teamwork will be one element evaluated. As primary health service sites are established it is important that data required for their evaluation are being collected from the outset. Where possible, it is desirable to have baseline data against which to measure. Consequently, the evaluation framework will assist in ensuring that relevant information and data is gathered from the outset of projects.

## TEAM EFFECTIVENESS TOOL

The Primary Health Services Branch is developing evaluation tools as identified within the evaluation framework and workplans. To assist in evaluating the interdisciplinary team approach a Team Effectiveness Tool has been developed. The Tool was developed based on ideas from “The Team Building Source Book” (1989) by Steven Phillips and Robin Elledge and The Team Character Inventory developed by David W. Jamieson which is a widely used tool to assess team functioning.

Teams should be periodically assessed for progress, for example at least every six months. The Team Effectiveness Tool provides an assessment of key elements of the team including: team purpose and vision, roles, communication, service delivery, team support, and partnerships.

Information obtained from the Team Effectiveness Tool will be used in aggregate form as part of the evaluation of individual primary health services sites as well as a broader evaluation of the Primary Health Service Initiative.

## Administering The Team Effectiveness Tool

The Team Effectiveness Tool will take no more 15 minutes to complete. It is recommended that each team member independently complete the tool. The Primary Health Services Branch of Saskatchewan Health will provide analysis of the completed tools for the teams at Primary Health Service Sites. Each site in consultation with the Primary Health Services Branch will need to decide how the tool will be distributed, completed and returned to Sask. Health for analysis.

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Based on the ideas of Steven L. Phillips and Robin L. Elledge (1989). [The Team-Building Source Book](#), San Diego, California: University Associates Inc. and the work of David W. Jamieson, “The Team Character Inventory”, found in Steven L. Phillips and Robin L. Elledge (1989). [The Team Building Source Book](#). San Diego California: University Associates Inc.

It is recommended that sites provide team members with a self addressed stamped envelop or place an envelop in a central location where team members can place the completed tools and later forward to Sask. Health. Completion of the tool will constitute consent to participate.

Information received by the Primary Health Services Branch will be kept confidential. Data entered into the computer for analysis will have restricted access. The completed tools and subsequent reports will be kept in a locked filing cabinet separate from the main filing system of the branch.

Self identification on the tool is **optional** and only an aggregated group score will be shared with the team to ensure anonymity. Team members who choose to self identify will receive feedback on their own responses and the overall group response. Individual reports will be destroyed once they are sent to the individual. It is recommended that the team at a meeting discuss the group results. A facilitator should be selected for the discussion.

The Primary Health Services Branch consultant designated to your site can assist in compiling the completed tools, analysis and facilitating discussion about the results.

Any questions or concerns about the tool or participation can be directed to the Primary Health Services Branch of Saskatchewan Health at 787-0889.

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**PRIMARY HEALTH SERVICE SITES, TEAM EFFECTIVENESS TOOL**

Please rate your team by circling the number on the scale that corresponds to your perceptions with respect to each statement. Circle only one number per item.

“Strongly Disagree” 1	“Disagree” 2	“Agree” 3	“Strongly Agree” 4
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**A. TEAM PURPOSE AND VISION**

- |  |   |   |   |   |
|--|---|---|---|---|
| A1. Team purpose is clearly understood by all members.                               | 1 | 2 | 3 | 4 |
| A2. The team meets regularly for planning.   | 1 | 2 | 3 | 4 |
| A3. The team has shared, common agreement about its strategies to achieve its goals. | 1 | 2 | 3 | 4 |
| A4. The team reviews its current effectiveness.                                      | 1 | 2 | 3 | 4 |

**ROLES**

- |  |   |   |   |   |
|--|---|---|---|---|
| B1. Team members are clear on what is expected of them.  | 1 | 2 | 3 | 4 |
| B2. Team members understand their role within the team.  | 1 | 2 | 3 | 4 |
| B3. Team members accept insights, knowledge and perspectives brought by members of professions other than his/her own. | 1 | 2 | 3 | 4 |
| B4. Team-based functions are shared across professional boundaries.  | 1 | 2 | 3 | 4 |
| B5. The team works as a cohesive group.  | 1 | 2 | 3 | 4 |
| B6. Abilities, knowledge and experience are fully utilized by the team.  | 1 | 2 | 3 | 4 |

**COMMUNICATION**

- |   |   |   |   |   |
|---|---|---|---|---|
| C1. Team members are open and authentic when communicating.                         | 1 | 2 | 3 | 4 |
| C2. Meetings and between meeting communications are effective.                      | 1 | 2 | 3 | 4 |
| C3. When differences occur, they are dealt with reasonably.                         | 1 | 2 | 3 | 4 |
| C4. The team uses consensus decision making where possible.                         | 1 | 2 | 3 | 4 |
| C5. Leadership is shared and reasonably delegated in line with areas of competence. | 1 | 2 | 3 | 4 |
| C6. There is smooth flow of information among team members.                         | 1 | 2 | 3 | 4 |
| C7. There is limited overlap among team members.                                    | 1 | 2 | 3 | 4 |
| C8. Decisions are made and followed through to implementation.                      | 1 | 2 | 3 | 4 |
| C9. Common charts are used where possible.<br>(Exclude for Leadership Team)         | 1 | 2 | 3 | 4 |

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## SERVICE DELIVERY

D1. The team is clear on how it provides its services.	1	2	3	4
D2. The team covers the continuum of services from prevention to rehabilitation. (Exclude for Leadership Team)	1	2	3	4
D3. Working as a team has resulted in service delivery being more integrated and co-ordinated.	1	2	3	4
D4. The team spends an appropriate amount of time planning and delivering preventative programs.	1	2	3	4
D5. The team does <u>not</u> lack membership from a group or profession that would significantly enhance its ability to function effectively.	1	2	3	4

## TEAM SUPPORT

E1. There is high trust and confidence amongst team members.	1	2	3	4
E2. Team members work as a cohesive group.	1	2	3	4
E3. Team members feel comfortable providing feedback when expectations are or are not met.	1	2	3	4
E4. Team members have the opportunity to develop their skills within the team.	1	2	3	4
E5. Strategies are in place to support team development.	1	2	3	4
E6. The team provides support to individual members through difficult situations.	1	2	3	4

## PARTNERSHIPS

F1. The team involves the community in the planning and delivery of programs and services.	1	2	3	4
F2. The team effectively involves itinerant team members	1	2	3	4
F3. The team has developed partnerships with intersectoral groups to plan and deliver services.	1	2	3	4
F4. Committees (examples: planning, steering/advisory, program or case management) have been established to support the core team in improving the delivery of services.	1	2	3	4
F5. There is increased participation by the client in decisions related to self, family and community programs.	1	2	3	4

## COMMENTS: (Optional)

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SITE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (optional): \_\_\_\_\_ ROLE (optional): \_\_\_\_\_

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