Creating effective teams today to inspire, innovate and impact patient care of tomorrow

KAREN WHITFIELD
KELVIN ROBERTSON
JULY 2018
Outcomes

• To understand the fundamentals to create a highly functioning team as described by Patrick Lencioni and identify opportunities to apply to practice

• To identify the characteristics of a highly functioning team and be able to translate this into practice

• To identify appropriate tools to evaluate team effectiveness and opportunities to use them

• To be inspired to look at team development and measure impact on patient care
Activity 1

Are you in or Are you out
Building Highly Effective Teams

- Lencioni’s Model
Patrick Lencioni’s Model of Dysfunctional Teams

- Trust
  - Courage to risk

- Candid Debate
  - Trust to speak opinion without fear of retribution

- Conflict
  - Healthy
  - Hears all, disagrees, makes decisions, buys in, has one voice

- Commitment
  - Follows healthy conflict
  - Requires buy-in

- Accountability
  - Takes accountability
  - Prior commitment
  - 100% buy-in

- Results
  - Focus on delivering measurable
  - Collective and individual accountability
  - Feedback

- Inattention
  - To results

- Trust
  - Absence of

- Conflict
  - Fear of

- Commitment
  - Lack of

- Accountability
  - Avoidance of

- Results
  - Inattention to

- Pyramid structure

Absence of Trust

• A team without trust isn't really a team: it's just a group of individuals, working together, often making poor progress.

• Trust is essential to an effective team. It provides a sense of safety. Enables team members to feel safe with each other, ability to open up, take appropriate risks

• Without trust there's less innovation, collaboration, creative thinking, and productivity

• People spend time protecting themselves and their interests – instead of attaining team goals

• In the workplace trust is one of the most highly regarded values at work (Prof John Helliwell at the University of British Columbia)
Trust

• The key ingredient to building trust is not time it is courage

• When you talk about building trust you are not predicting people behaviours based on past experience but team members willingness to be vulnerable

• Therefore ability to discuss for example - any weaknesses, skill deficiency, interpersonal short comings, mistakes and request for help.

Brene Brown – Daring Greatly – the need for vulnerability.
Enemies of Trust

• Inconsistent messages
• Inconsistent standards
• Misplaced goodwill
• False feedback
• Failure to trust others
• Elephants in the room
How to Build Trust

• Lead by example
• Open communication
• Get to know your colleagues without invading privacy
• No blame culture
• Discuss trust issues
• Seek input from team members
• Keep Commitments
Team Assessment Questionnaire


Instructions: Use the scale below to indicate how each statement applies to your team. It is important to evaluate the statements honestly and without over-thinking your answers.

3 = Usually
2 = Sometimes
1 = Rarely

1. Team members are passionate and unguarded in their discussion of issues.

2. Team members call out one another’s deficiencies or unproductive behaviors.

3. Team members know what their peers are working on and how they contribute to the collective good of the team.

4. Team members quickly and genuinely apologize to one another when they say or do something inappropriate or possibly damaging to the team.

5. Team members willingly make sacrifices (such as budget, turf, head count) in their departments or areas of expertise for the good of the team.

6. Team members openly admit their weaknesses and mistakes.

7. Team meetings are compelling, not boring.

8. Team members leave meetings confident that their peers are completely committed to the decisions that were agreed on, even if they were in initial disagreement.

9. Morale is significantly affected by the failure to achieve team goals.

10. During team meetings, the most important—and difficult—issues are put on the table to be resolved.

11. Team members are deeply concerned about the prospect of letting down their peers.

12. Team members know about one another’s personal lives and are comfortable discussing them.

13. Team members and discussions with clear and specific resolutions and action plans.

14. Team members challenge one another about their plans and approaches.

15. Team members are slow to seek credit for their own contributions, but quick to point out those of others.
### Team Assessment Questionnaire

**Scoring**

Combine your scores for the preceding statements as indicated below:

<table>
<thead>
<tr>
<th>Dysfunction 1: Absence of Trust</th>
<th>Dysfunction 2: Fear of Conflict</th>
<th>Dysfunction 3: Lack of Commitment</th>
<th>Dysfunction 4: Avoidance of Accountability</th>
<th>Dysfunction 5: Inattention to Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total: _____</td>
<td>Total: _____</td>
<td>Total: _____</td>
<td>Total: _____</td>
<td>Total: _____</td>
</tr>
</tbody>
</table>

A score of 8 or 9 is a probable indication that the dysfunction is not a problem for your team.

A score of 6 or 7 indicates that the dysfunction could be a problem.

A score of 3 to 5 is probably an indication that the dysfunction needs to be addressed.
Team Assessment Questionnaire

Alternative questionnaire - Andrew Jenkins. Influenced from Patrick Lencioni, *The Five Dysfunctions of a Team* and Stephen M R Covey, *Speed of Trust.*

<table>
<thead>
<tr>
<th>Attributes of Distrust</th>
<th>Mark an X under 1-5 for each statement</th>
<th>Attributes of Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a team, generally we...</td>
<td>1 2 3 4 5</td>
<td>Let down guard and unafraid to admit weaknesses and mistakes</td>
</tr>
<tr>
<td>Are on guard to hide and cover up weaknesses and mistakes</td>
<td>1 2 3 4 5</td>
<td>Request help and assistance</td>
</tr>
<tr>
<td>Don’t ask for and refuse help</td>
<td>1 2 3 4 5</td>
<td>Take risks in offering helpful feedback</td>
</tr>
<tr>
<td>Don’t provide constructive feedback</td>
<td>1 2 3 4 5</td>
<td>Seek input and questions from others about their area of responsibility</td>
</tr>
<tr>
<td>Don’t contribute to issues outside their area of responsibility</td>
<td>1 2 3 4 5</td>
<td>See each other in positive and affirmative ways</td>
</tr>
<tr>
<td>Suspicious and threatened by others’ motives toward themselves</td>
<td>1 2 3 4 5</td>
<td>Appreciate help from others and tapping into others’ strengths</td>
</tr>
<tr>
<td>Fail to tap into other people’s talents and strengths</td>
<td>1 2 3 4 5</td>
<td>Focus on issues not politics. No game playing</td>
</tr>
<tr>
<td>Wastes time and energy on political game playing</td>
<td>1 2 3 4 5</td>
<td>Quickly offer and accept apologies</td>
</tr>
<tr>
<td>Hold grudges and are defensive</td>
<td>1 2 3 4 5</td>
<td>Look forward to opportunities to work as a team</td>
</tr>
<tr>
<td>Don’t see the value of spending time together as a team</td>
<td>1 2 3 4 5</td>
<td>Take an interest in each other's personal lives</td>
</tr>
<tr>
<td>Uninterested in each other’s personal lives</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Total up scores in each column:

**Total Score, then X by 2:**

Out of a 100
Consistency

• The same rules must apply to the leaders that apply to the rest of the team.
• People do not tolerate double standards or inequity within teams.
• Everyone plays by the same rules or there can be no trust — and without trust, teams do not succeed.
Reflect – what will you take back?

Think about your workplace and your team whether you are leading or participating:

• Have you trust

• Can it be improved

• What will you work on
Activity 2

Bringing out the best in your team

(choose one to two words, short phrase that brings out the best in others
Should incorporate a verb or action)
Activity 2

Bringing out the best in your team

PRACTICE  PRACTICE  PRACTICE
Patrick Lencioni’s Model of Dysfunctional Teams

- Inattention to Results
  - Focus on delivering measurable Results
  - Collective and individual accountability
  - Feedback

- Avoidance of Accountability
  - To take Accountability requires prior Commitment
  - 100% buy-in

- Lack of Commitment
  - Commitment follows healthy Conflict
  - Hear all → Disagree → Decision → Buy-in → One voice

- Fear of Conflict
  - Healthy Conflict implies Candid Debate
  - Trust to speak opinion without fear of retribution

- Absence of Trust
  - Building Trust requires Vulnerability
  - Courage to risk
Fear of Conflict

Conflict can be addressed constructively and destructively
Conflicts handled constructively produce much better outcomes
Early identification is paramount
There are several stages we can go through with conflict
Understanding Conflict

• Conflict is all around us.
• It is NOT something that we can choose to have or not have. It just is.
• It may center on something as seemingly trivial as ............... 
• It may be around something quite significant as .....................
Understanding Conflict

• *It is not* about avoiding conflict

• Avoiding it is not only impossible but undesirable

• *It is* about discovering productive ways of handling conflict that make a difference
Understanding Conflict

Think of a conflict which has been handled in a negative/destructive manner...
Some of the resulting outcomes of this were probably:

- Tension
- Unresolved Problems
- Stress
- Low Productivity
- Sour Relationships
- Ill Health
- Resentment
Understanding Conflict

Now think of a conflict that has been handled in a positive way. Some results of this may have been:

• Better relationships
• Higher Productivity
• Good Health
• Sense of Achievement
• Increased Confidence
• Expanding Friendly Relations
Understanding Conflict

There are several stages we can go through in conflict
Levels of Conflict

Perhaps nothing is said as yet, however things don’t feel right. It maybe difficult at this stage to identify what the problem is.

Discomfort

A short sharp exchange may occur without any lasting internal reaction but leaves one feeling upset or irritated. The details of a situation may be unclear. The motive or intent of a situation not fully understood by the parties involved.

Incident

Behavior is affected and normal functioning starts to become difficult. No longer talking to the other individual. Quitting your job or worse be dismissed.

Misunderstanding

Start to feel anxious about the relationship with the other person. One more nudge will “push you over the edge”, ready to give them a “piece of your mind”.

Tension

This level may build to the point where interaction with this person confirms your negative attitude towards them.

Crisis
Understanding Conflict

Levels of Conflict – Stay Alert

• We want to avoid ever getting to the “crisis” stage
• We should always be on the look out for clues at the discomfort and incident level.
• Dealing with conflict at these levels is much easier than at crisis stage, where emotions are running high
• By working on solving the issue at the discomfort level we have a greater chance of achieving a constructive rather than destructive outcome
• When you have trust in a team, healthy conflict can be positive
Choose one of the following:

Do you avoid conflict?
Do you get bogged down when difference of opinions occur?
Do you have firm views that can lead you into conflict?
Do you tend to get emotional when conflict is occurring?

(Discuss some strategies to address)
Understanding Conflict

Summary

• Discover what conflict is and learn the various levels at which it develops.

• Learn to look for early clues to conflict, and to stay alert and be ready to act, if and when appropriate.

• Look on conflict in a positive way, ready to learn something new or improve on relationships.
“you only get complete unanimity in a cemetery”

Abel Aganbegyan (Russian Economist)
Kelvin Robertson....

*Over to you**********
CREATING EFFECTIVE TEAMS

LESSONS FROM A “HAS-BEEN” PROFESSIONAL SPORTSMAN
OVERVIEW

• Introduction/who am I?
• Stars
• Humility
• Moral elevation/Emotional contagion
• The Team Huddle
• Accountability
• Conclusion
WHO AM I?
STARS

• “We don’t take B players, we take A players”
• What actually happens when you have a team full of stars?
• There is a hidden ingredient!
HUMILITY

• Humility is having the self-awareness to know what you’re good at and what you're not good at
• Stars are overrated and role players underrated
• Lets turn back time.......... 
• How does your mentor/leader show it?
HUMILITY

1. Recognise your own shortcomings and limitations

2. Appreciate other’s strengths, give credit where it’s due and highlight teams success over your individual achievements

3. Show openness to learning from others
MORAL ELEVATION/EMOTIONAL CONTAGION

• Moral elevation is the feeling you get when you see somebody else's moral goodness
• Happens when you don’t really expect it
• It is not the exemplary thinks that everybody thinks about in terms of heroes
• It is the everyday stuff people do
• **Humility can be contagious**
• Emotional contagion is when we are literally infected with other peoples emotions
Activity 4

Humility
ACTIVITY 4 - HUMILITY

• Think about someone whose humility you’ve admired: how do they show it?

• Count the F’s in the following sentence
  • You only have 5 seconds
FINISHED FILES ARE THE RESULT OF YEARS OF SCIENTIFIC STUDY COMBINED WITH THE EXPERIENCE OF YEARS
FINISHED FILES ARE THE RESULT OF YEARS OF SCIENTIFIC STUDY COMBINED WITH THE EXPERIENCE OF YEARS
THE TEAM HUDDLE

Rules of a meeting

1. Before scheduling the meeting, ask yourself “do we really need this meeting”
2. Start on time and end on time
3. Keep the guest list short
4. Everyone needs to do their homework BEFORE the meeting
THE TEAM HUDDLE

Accountability:

• You really see character when the chips are down

• Part of humility is taking personal responsibility and leaders re-inforce this by modelling it

• You cannot improve without accountability – “I have to do my job well for the team”

• What do you write on your job applications?
Activity 5

The Team Huddle
ACTIVITY 5

• Split into groups of 5

• Each group will be given a diagrammed play to learn and act out to SCORE!

KEY TO DIAGRAM

<table>
<thead>
<tr>
<th>1 - Point guard</th>
<th>Player movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - Shooting guard</td>
<td>Pass</td>
</tr>
<tr>
<td>3 - Small forward</td>
<td>Screen</td>
</tr>
<tr>
<td>4 - Power forward</td>
<td>Score</td>
</tr>
<tr>
<td>5 - Centre</td>
<td></td>
</tr>
</tbody>
</table>
THE TEAM HUDDLE

• How do we translate this back to Pharmacy?

• The Townsville Hospital example
  • Team huddle every morning 0830 for 15 mins
  • Complete huddle and allocate a colour and rating for the day
  • Communicated to staff and hospital
  • Each colour relates to a service activity
  • Each level relates to order of task priority
  • E.g. for today, our pharmacy is “Bronze intermediate”
    • Also utilised to re-allocate staff (substitutions)
THE TEAM HUDDLE

### Criteria for Level of Pharmacy Service

<table>
<thead>
<tr>
<th>Staffing</th>
<th>Comprehensive</th>
<th>Intermediate</th>
<th>Basic</th>
<th>Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Team leader time available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-essential meetings rescheduled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skill mix</th>
<th>Comprehensive</th>
<th>Intermediate</th>
<th>Basic</th>
<th>Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill mix appropriate CF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skill mix appropriate with some support from team leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training requirement</th>
<th>Comprehensive</th>
<th>Intermediate</th>
<th>Basic</th>
<th>Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training by team leaders and clinical educator of minimal numbers of staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workload</th>
<th>Comprehensive</th>
<th>Intermediate</th>
<th>Basic</th>
<th>Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manageable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pharmacy Status

<table>
<thead>
<tr>
<th>Pharmacy Status</th>
<th>Comprehensive</th>
<th>Intermediate</th>
<th>Basic</th>
<th>Unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient case-load manageable but services restricted for patients in non-funded areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CE’s cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-essential meetings Cancelled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Services withdrawn from non-funded areas |               |              |       |        |
| Services withdrawn from non-funded areas |               |              |       |        |
| CE’s cancelled |               |              |       |        |
| All meetings cancelled |               |              |       |        |

### Key message(s) for today:

- Review of previous days service:
  - Pharmacy Status Today: Comprehensive
  - Pharmacy Service Provision: Magenta
  - Hospital Capacity Level if known: Green (functioning)
# THE TEAM HUDDLE

## Essential Activities (in order of priority)

### Level 1
- Discharge dispensing including reconciliation
- Medication counseling for patients, parents and carers for new or changed medications (on discharge only)
- Discharge medication profile for very high risk patients only
- Medication history and reconciliation at admission and transfer of care, within 72 hours of admission for patients admitted overnight on weekdays for high risk patients only
- Assessment of current medication management (medication order review) for very high risk patients
- TDM and ADR management for high risk patients only
- Provide patient specific medication information to medical, nursing and allied health staff (essential information/answering queries)
- Pharmacy activity coding and all discharges logged in Scriptkrafter
- Clear handover notes for the next day or service provider
- Documenting incidents that are serious, system related or require Riskman

### Inventory and Production:
1. Medication supply for immediate patient needs and routine inpatient review.
2. Production for patient therapy due on that day that cannot be outsourced.

## Activities that should be performed if time allows (in order of priority)

### Level 2
1. Start and Finish on-time with meal breaks (unpaid overtime to be recorded)
2. Attend Rapid Rounds

**NOTE:**
- All meetings and continuing education sessions will be at the discretion of Team Leaders on Magenta service days.
- All staff may be asked to assist with priority direct patient care on Magenta service days where teams are considered "basic" and at risk of withdrawing services and in discussion with the Team Leaders.

### Essential Activities (in order of priority)

### Level 2
- Discharge reconciliation including dispensing where essential
- Medication counseling for patients, parents and carers for new or changed medications (on discharge only)
- Discharge medication profile for very high risk patients only
- Medication history and reconciliation at admission and transfer of care, within 24 hours of admission for patients admitted overnight on weekdays for high risk patients only
- Assessment of current medication management (medication order review) for very high risk patients
- TDM and ADR management for high risk patients only
- Provide patient specific medication information to medical, nursing and allied health staff (essential information/answering queries)
- Pharmacy activity coding and all discharges logged in Scriptkrafter
- Clear handover notes for the next day or service provider
- Documenting incidents that are serious, system related or require Riskman

### Inventory and Production:
1. Medication supply for immediate patient needs and routine inpatient review.
2. Production for patient therapy due on that day that cannot be outsourced.

**NOTE:**
- All meetings and continuing education sessions will be at the discretion of Team Leaders on Bronze service days.
- All staff may be asked to assist with priority direct patient care on Bronze service days where teams are considered "basic" and at risk of withdrawing services and in discussion with the Team Leaders.

### Level 2
- Attend Rapid Rounds for very high risk patient groups only
- Start and Finish on-time with meal breaks (unpaid overtime to be recorded) Contribute to medication management plan (MAP) for high risk patients
- Clinical review for low acuity or stable patients
- Provide non-emergent medication information to medical, nursing and allied health staff (i.e. CEIs) - reschedule where possible
- Documenting clinical interventions – must be done by next day
## THE TEAM HUDDLE

<table>
<thead>
<tr>
<th>Essential Activities (in order of priority)</th>
<th>Activities that should be performed if time allows (in order of priority)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 3 “Silver”</strong></td>
<td><strong>Level 4 “Gold”</strong></td>
</tr>
<tr>
<td>1. Discharge dispensing including reconciliation</td>
<td>1. Clinical review for low acuity or stable patients and those newly admitted in the afternoon</td>
</tr>
<tr>
<td>2. Medication history and reconciliation at admission and transfer of care, within 24 hours of admission for patients admitted overnight on weekdays</td>
<td>2. Discharge medication profile for high risk patients (&gt;4 medications or high risk medications)</td>
</tr>
<tr>
<td>3. Medication counselling for patients, parents and carers for new or changed medications and on discharge</td>
<td>3. Initiate and contribute to medication management plan (MAP) for low acuity patients</td>
</tr>
<tr>
<td>4. Discharge medication profile for high risk patients (&gt;4 medications or high risk medications)</td>
<td>4. Attend continuing education sessions</td>
</tr>
<tr>
<td>5. Assessment of current medication management (medication history and reconciliation medication order review) for changes in therapy in patients admitted overnight</td>
<td>5. Provide non-emergency medicine information to medical, nursing and allied health staff (i.e. CE’s) when considered required, rescheduling</td>
</tr>
<tr>
<td>6. Clinical review, TDM and ADR management for high risk and newly admitted patients (targeted review of patient notes in iMAT only)</td>
<td>6. Quality improvement work (e.g. guidelines, research)</td>
</tr>
<tr>
<td>7. Initiate and contribute to medication management plan (MAP) for high risk patients</td>
<td><strong>NOTE:</strong></td>
</tr>
<tr>
<td>8. Clear handover notes for the next day or service provider</td>
<td>TTH pharmacy is not funded to a gold level clinical service.</td>
</tr>
<tr>
<td>9. Provide patient specific medicines information to medical, nursing and allied health staff (essential information answering queries)</td>
<td><strong>NOTE:</strong></td>
</tr>
<tr>
<td>10. Pharmacy activity loading and all discharges logged in Scriptkicker</td>
<td>7. Initiate, contribute and daily review of medication management plan (MAP)</td>
</tr>
<tr>
<td>11. Attend rapid rounds for high risk patient groups</td>
<td>8. Clear handover notes for the next day or service provider</td>
</tr>
<tr>
<td>12. Start and Finish on-time with meal breaks (i.e TOIL)</td>
<td>9. Provide patient specific medicines information to medical, nursing and allied health staff (essential information answering queries)</td>
</tr>
<tr>
<td>13. Documenting clinical interventions and incidents that are serious, system related or require Riskman</td>
<td>10. Provide non-emergency medicine information to medical, nursing and allied health staff (i.e. CE’s)</td>
</tr>
</tbody>
</table>

### Inventory and Production:

1. Medication supply for immediate and anticipated patient needs and routine impress review.
2. Production for patient therapy due on that day and upcoming days. Consider outsourcing some products. 

### Level 4 “Gold”

1. Discharge medication profile for high risk patients (>4 medications or high risk medications)
2. Medication history and reconciliation at admission and transfer of care, within 24 hours of admission for patients admitted overnight on weekdays.
3. Medication counseling for patients, parents and carers for new or changed medications and on discharge.
4. Discharge medication profile for high risk patients (>4 medications or high risk medications)
5. Assessment of current medication management (medication history and reconciliation medication order review) for changes in therapy in patients admitted overnight.
6. Quality improvement work (e.g. guidelines, research)
7. Initiate, contribute and daily review of medication management plan (MAP)
8. Clear handover notes for the next day or service provider
9. Provide patient specific medicines information to medical, nursing and allied health staff (essential information answering queries)
10. Provide non-emergency medicine information to medical, nursing and allied health staff (i.e. CE’s)
11. Start and Finish on-time with meal breaks (i.e TOIL)
12.Pharmacy activity loading and all discharges logged in Scriptkicker
13. Attend rapid rounds for high risk patient groups
14. Complete mandatory training
15. Attend continuing education sessions
16. Document clinical interventions and clinical incidents

### Inventory and Production:

1. Medication supply for immediate and anticipated patient needs and routine impress review.
2. Routine checks (e.g. expires and controlled drugs)
3. Production for patient therapy due on that day and upcoming days, including limited aseptic production for cost saving purposes.
CONCLUSION

Would you rather be in a situation where your team wins but you only score 5 points…

OR

One where you score 20 points but your team loses?
Patrick Lencioni’s Model of Dysfunctional Teams

- Focus on delivering measurable Results
  - collective and individual accountability
  - feedback

- To take Accountability requires prior Commitment
  - 100% buy-in

- Commitment follows healthy Conflict
  - Hear all → Disagree → Decision → Buy-in → One voice

- Healthy Conflict implies Candid Debate
  - Trust to speak opinion without fear of retribution

- Building Trust requires Vulnerability
  - Courage to risk
Commitment vs Consensus

How to get commitment

Do you need everyone to agree on a way forward?

Do you get people to vote on a way forward (ie majority decision)?

Consider Pros and Cons of each

Think about a time you have got commitment

Discuss how you did that

Discuss what was the outcome
Lack of commitment

A team that **fails** to commit . . .

- creates **ambiguity** among the team about direction and priorities
- watches windows of opportunity close due to excessive analysis and unnecessary delay
- breeds **lack of confidence** and **fear of failure**
- **revisits** discussions and decisions again and again
- encourages **second-guessing** among team members

A team that **commits** . . .

- creates **clarity** around direction and priorities
- aligns the entire team around common objectives
- develops an ability to **learn from mistakes**
- takes advantage of opportunities **before** competitors do
- moves forward without hesitation or **changes direction** without hesitation or **guilt**
Commitment

Commitment requires clarity and buy-in

Clear goals - avoid assumptions and ambiguity

Clear definitions of roles and responsibilities

Excellence in communication

Buy-in does not require consensus

Members of great teams learn to disagree/have a difference of opinion with one another and still commit to a decision

Promoting commitment starts with excellence in leadership

However, you need trust within the team and a culture of open discussion
Patrick Lencioni’s Model of Dysfunctional Teams

- **Trust**: Building trust requires vulnerability - courage to risk.
- **Conflict**: Healthy conflict implies candid debate - trust to speak opinion without fear of retribution.
- **Commitment**: Commitment follows healthy conflict - hear all, disagree, decision, buy-in, one voice.
- **Accountability**: To take accountability requires prior commitment - 100% buy-in.
- **Results**: Focus on delivering measurable results - collective and individual accountability, feedback.
- **Inattention to Results**: Lack of attention to measurable results.
- **Avoidance of Accountability**: Avoidance of accountability.
- **Lack of Commitment**: Fear of conflict - lack of commitment.
- **Absence of Trust**: Fear of conflict - absence of trust.
Accountability

The Lack of Accountability

"MISS WILCOX, SEND IN SOMEONE TO BLAME."
How do you get Accountability

• You can assign tasks, but you can’t force people to be accountable
• Accountability is an act of will
• Accountability in a strong team occurs directly among peers
• For a culture of accountability to thrive, a leader must demonstrate a willingness to confront difficult issues
• Opportunity for holding one another accountable occurs during meetings, and the regular review of a team goals
Leadership Roles re Accountability

• Have you ensured clarity around goals, tasks, expectations, roles?
• Have you set parameters for monitoring progress?
• Have you created a no blame culture?

• Do you procrastinate around making decisions, taking action (if so why)?
• Do you fear failure? (ie it needs to be right first time?)
• Do you avoid asking for help?
• Do you avoid difficult conversations or giving feedback?
Accountability Summary

• Clear Expectations
• Clear Capability
• Clear Measurement
• Clear Feedback
• Clear Consequences
Results

Inattention to Results
- By nature, people tend to drift and will pay attention to other things if they are not held accountable.
- People may become more interested in personal growth, own interests, than the team results

Focusing on Results
- The true measure of a great team is that it accomplishes the results it sets out to achieve.
- Team members must prioritise the results of the team over individual goals
- To stay focused, teams must publicly clarify their desired results and keep them visible

Question – monitoring success of the team – is it just about the end result?
Activity 6

Transformational

(choose a characteristic of a great team member)
Extraordinary Leaders create Transformational Teams
There are no ordinary teams just ordinary leaders