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# BETTER TOGETHER

Changing our health system to  
improve patient outcomes

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## Team Collaboration TOOLKIT

Last Update: 3/11/2024

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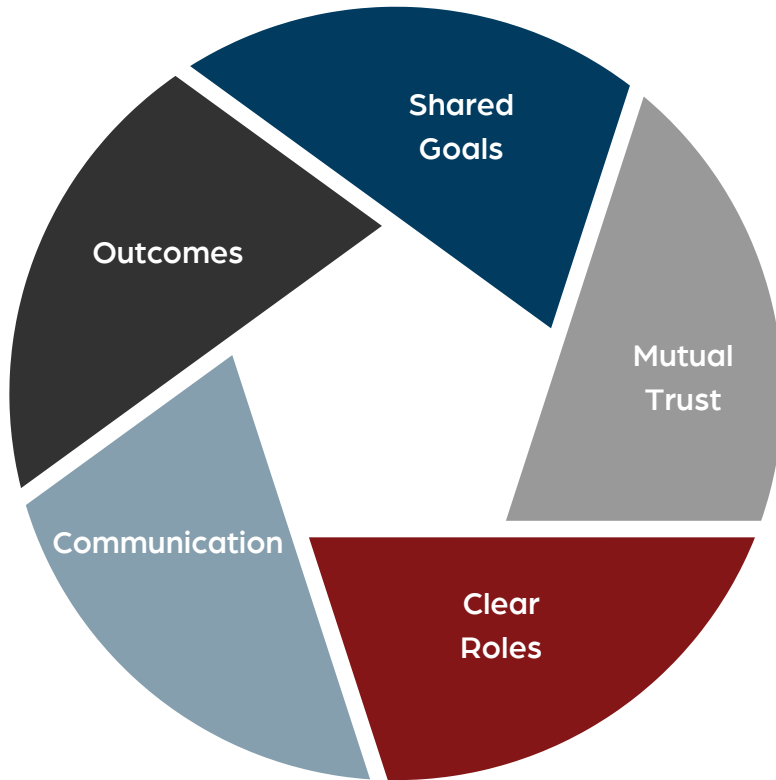
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# What is this toolkit?

- Sampling of tools to be used by new leadership teams to foster collaboration
- Based on the Institute of Medicine's "Core Principles & Values of Effective Team-Based Health Care"



*Toolkit defined:  
a collection of expert skills,  
knowledge, procedures,  
or information*

**"Responsible for creating an  
environment that fosters collaboration..."**

**BETTER  
TOGETHER**

# Begin and End with

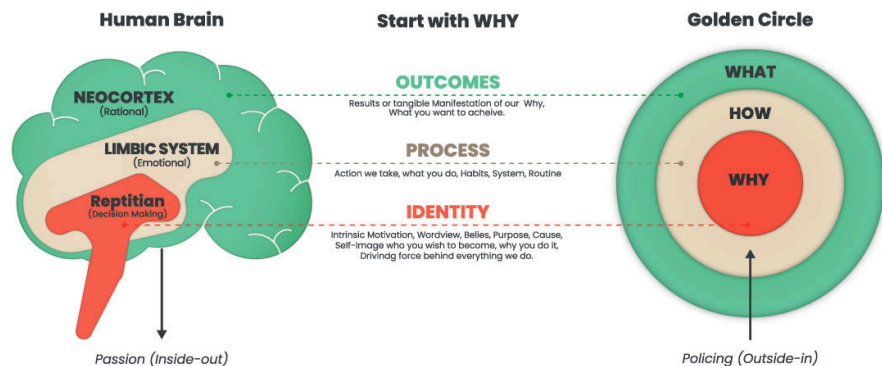
Why?

Does everyone on your team have the same Why?

| Motivation | Tactic  | Implementation                   | Process    |
|------------|---------|----------------------------------|------------|
| Extrinsic  | Sticks  | Outcomes, Rewards, Repercussions | How & What |
| Intrinsic  | Carrots | Purpose Driven                   | Why        |

## The Science of Why

### THE GOLDEN CIRCLE AND THE BRAIN Simon Sinek



Source: <https://www.gluedlimited.co.uk/brand-thinking/start-with-why/>



*Why?*

PATIENTS  
COMMUNITY  
HELPING OTHERS  
IMPROVING OUTCOMES

## Call to Action: Collaboration



The premise is simple: We can improve outcomes by learning to work better together.



By reaching out of our professional silos we can lead innovation in patient care models.



Our academic partners are training new practitioners in collaborative models.



Health sciences research is conducted in interdisciplinary teams.

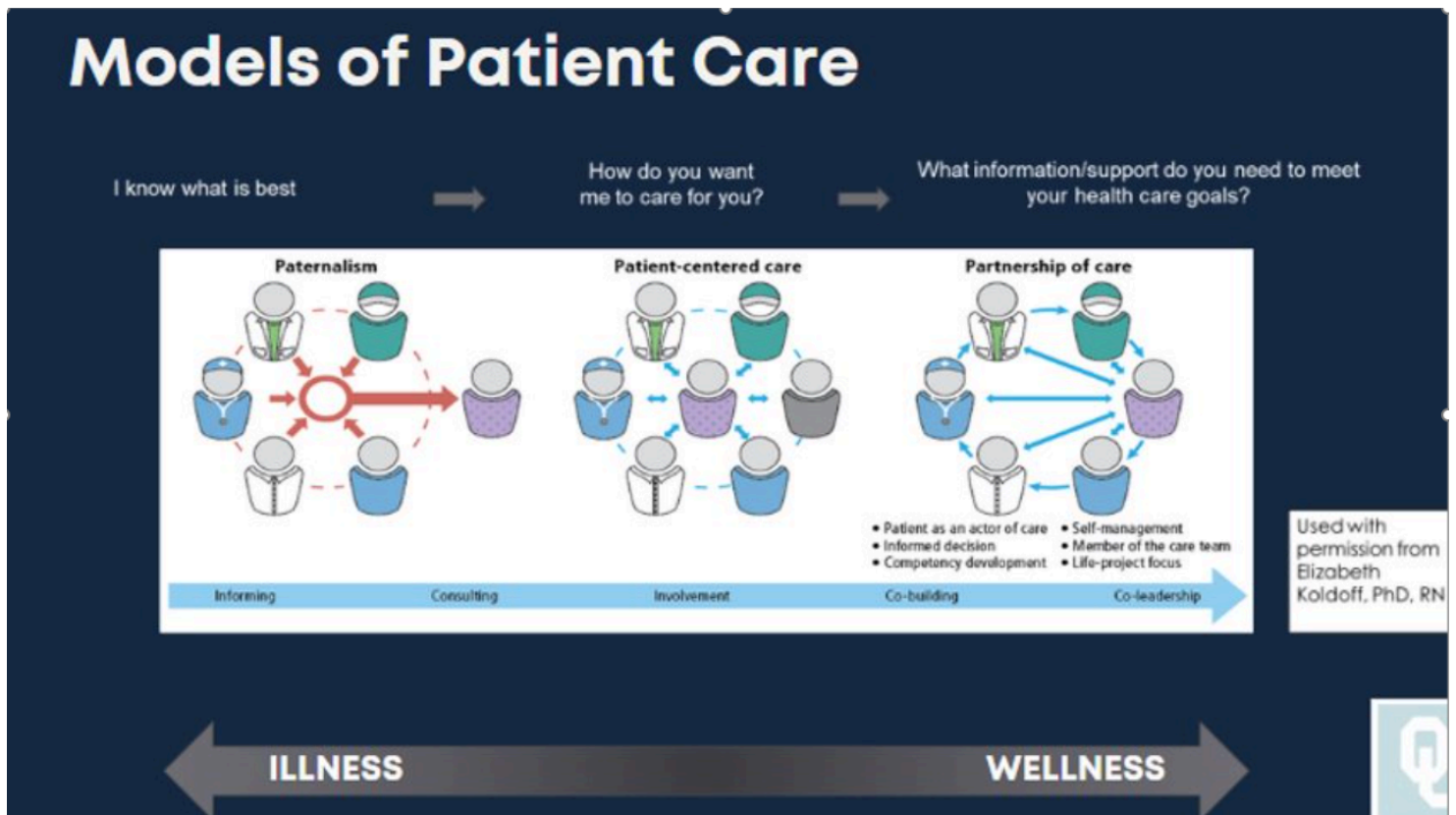


Patients need us to communicate and collaborate to ensure their care is seamless, evidence-based, and focused on wellness and maintaining their quality of life.

# PATIENT @ THE CENTER

## Nothing for us, without us.

Where is the patient and/or caregiver's  
voice in your leadership model?

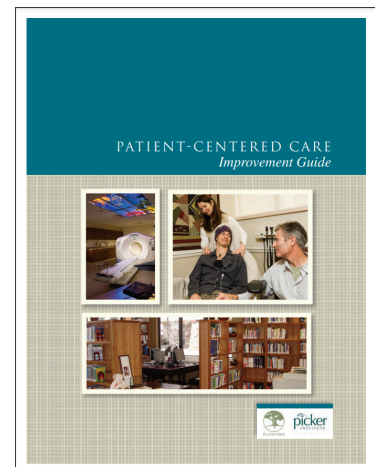


# PATIENT @ THE CENTER

## Picker's Eight Principles of Patient Centered Care

1. Access to care
2. Continuity and transition
3. Involvement of family and friends
4. Emotional Support
5. Physical comfort
6. Information & Education
7. Coordination and integration of care
8. Respect for patients' preferences

[Click Here for the Patient-Centered Care Improvement Guide](#)



### IMPLEMENTATION TOOLS:

- A. Fauquier Health System's Performance Evaluation Measures, *pg. 52*
- B. University of Washington Medical Center's Sample Performance Evaluation (Rehab Dept.), *pg. 58*
- C. University of Washington Medical Center's Guidelines for Inserting Patient and Family Centered Language into Competencies, *pg. 62*
- D. Candidate Observation Checklist, *pg. 64*
- E. Griffin Hospital's Physician Aspirations for Practice and Conduct, *pg. 65*
- F. University of Washington Medical Center's Patient and Family Centered Care Interview Questions, *pg. 66*
- G. University of Washington Medical Center's MD Coach Observation Points, *pg. 69*
- H. Delnor Hospital's Patient Partnership Council Charter, *pg. 71*
- I. Northern Westchester Hospital's Guidelines for Patient Rounding by Care Manager, *pg. 74*
- J. List of Questions to Ask Your Hospital about Patient-Centered Care, *pg. 76*

# 4 C'S OF TEAM IDENTITY

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## CLARITY

- Team's mission and vision
- Team's goals, timelines,
- Team member's level of authority in relation to individual projects

## COMMITMENT

- Level of team members
- Show your own commitment
- Tell team why it (or the project) is important
- Engage team in identifying their own commitment

## CONCERNS

- Opportunity to voice concerns, comments, and/or questions
- Ask: What could we, as a team, improve on?

## CONTRIBUTION

- Strengths and weaknesses of team
- Skills, knowledge, and/or expertise
- Identify roles on team and projects
- Let team suggest assignments rather than delegating

Source:

<https://www.civilservice.louisiana.gov/files/divisions/Training/Job%20Aid/Leadership/4%20Cs%20of%20Team%20Identity.pdf>

# TEAM IDENTITY

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## Create a Leadership Team Charter

1

### POSITIONING

Early in the teaming process, schedule time to review the team's purpose, mission, background and deliverables. While doing so, assign getting-to-know you steps to get to know each other on a personal level. Appropriate discussion includes education, work history, and career goals.

2

### VALUES/MISSIONS/GOALS STATEMENT

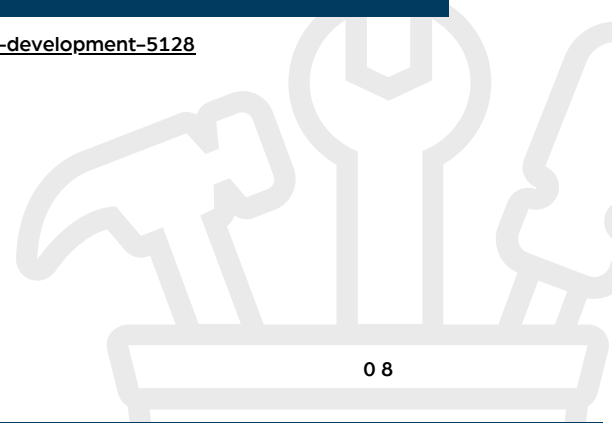
It is important that all team members find mutual values, understand the mission of the team, and agree upon the goals and expectations of the team.

3

### OPERATING AGREEMENT

From the beginning, the team should agree on operational aspects such as rules for meetings, communication expectations, missed meetings, deadlines, identified conflicts including scheduling, and personal courtesies.

Source: <https://www.pmi.org/learning/library/team-charter-development-5128>



# TEAM CHARTER TEMPLATE

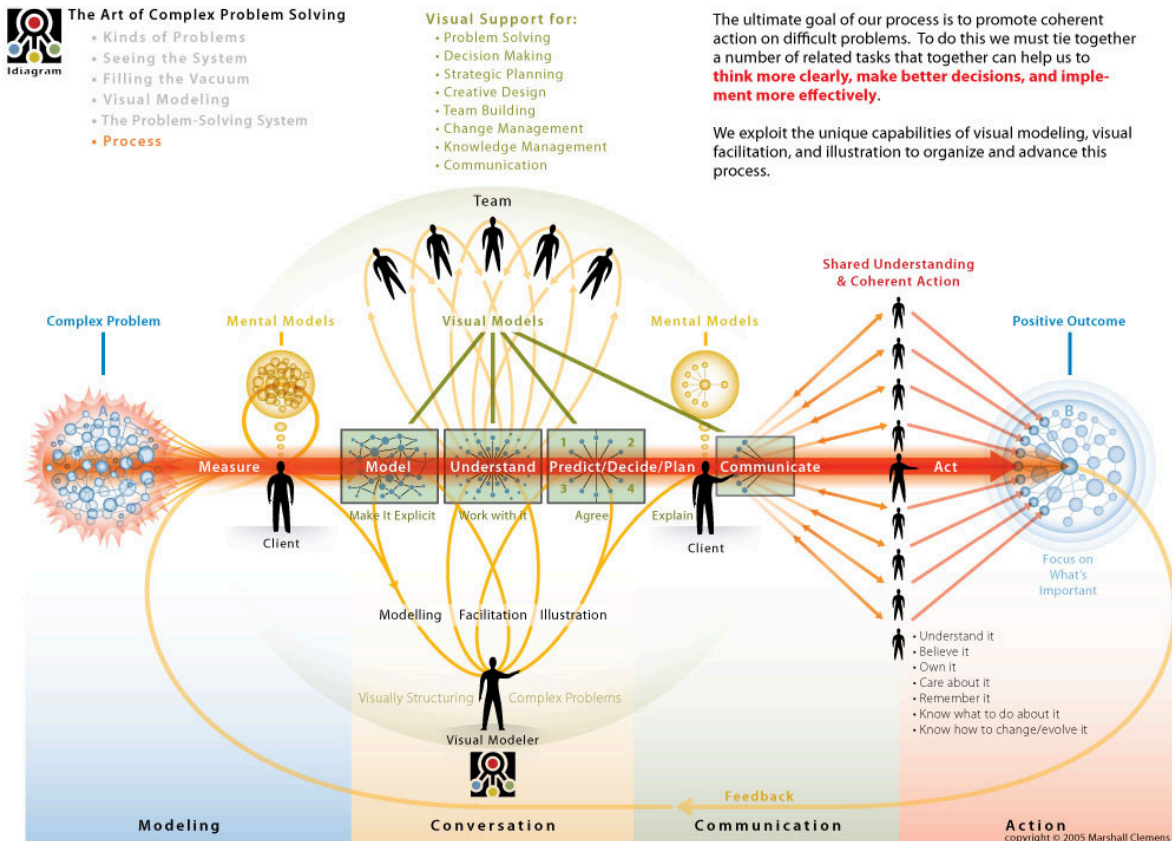
| Positioning Discussion | Team's Agreed Positions |
|------------------------|-------------------------|
| Team Purpose:          |                         |
| Project Mission:       |                         |
| Deliverables           |                         |

| Statements   | Team's Agreed Statements |
|--------------|--------------------------|
| Values       |                          |
| Team Mission |                          |
| Team Goals   |                          |

| Possible Areas | Team's Operating Agreements |
|----------------|-----------------------------|
| Meetings       |                             |
| Communication  |                             |
| Other Areas    |                             |



# IDENTITY FORMATION



## Tips and Things to Consider

- Study the team's stakeholders
- Socialize ideas with stakeholders
- Recognize the natural tendency to become enamored with internal team products
- Recognize that simple does not equal simplistic
- Depict the essential relationships
- Chunk and layer the information
- Seek external feedback
- Consider alternative means of packaging the information
- Leverage existing tools and technology to communicate
- Consider alternative communication tools
- Build in opportunities for discussion and exchange with key stakeholders
- Seek leadership input at key decision points

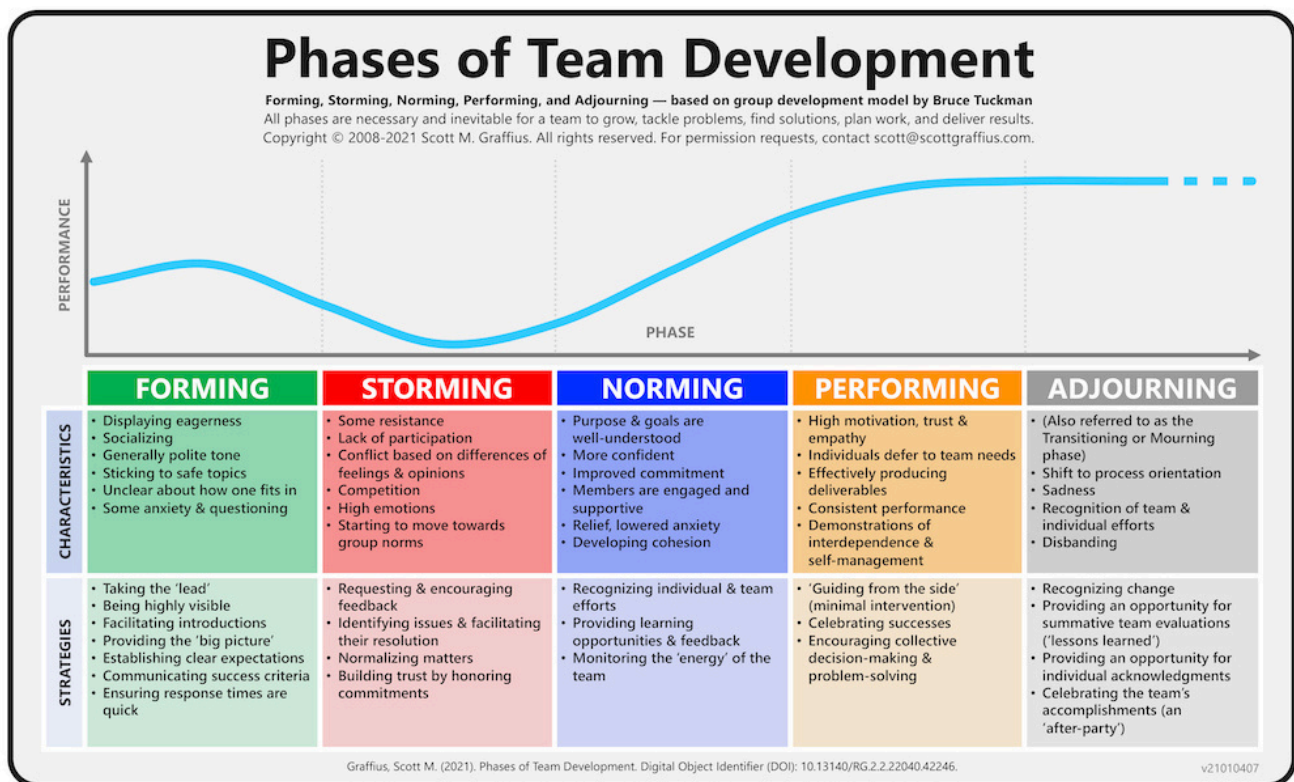
Source: "Making Sense of Complex Problems" by US Army Research Institute for the Behavioral and Social Sciences.  
<https://rdl.train.army.mil/catalog-ws/view/ARI-MSCP/communicate.html>

# TEAM DEVELOPMENT

## Practical Tips for Health-Care Leaders

- Always introduce yourself to the team, learn and use people’s names
- Clarify your role
- Use objective (not subjective) language
- Be assertive when required
- Read back/close the communication loop
- State the obvious to avoid assumptions
- Ask questions, check and clarify
- Delegate tasks to specific people, not to the air
- If something doesn’t make sense, find out the other person’s perspective
- Always do a team briefing before starting a team activity and a debrief afterwards
- When in conflict, concentrate on “what” is right for the patient, not “who” is right/wrong?

Source: World Health Organization. Being an effective team player:  
[https://www.who.int/patientsafety/education/curriculum/who\\_mc\\_topic-4.pdf](https://www.who.int/patientsafety/education/curriculum/who_mc_topic-4.pdf)

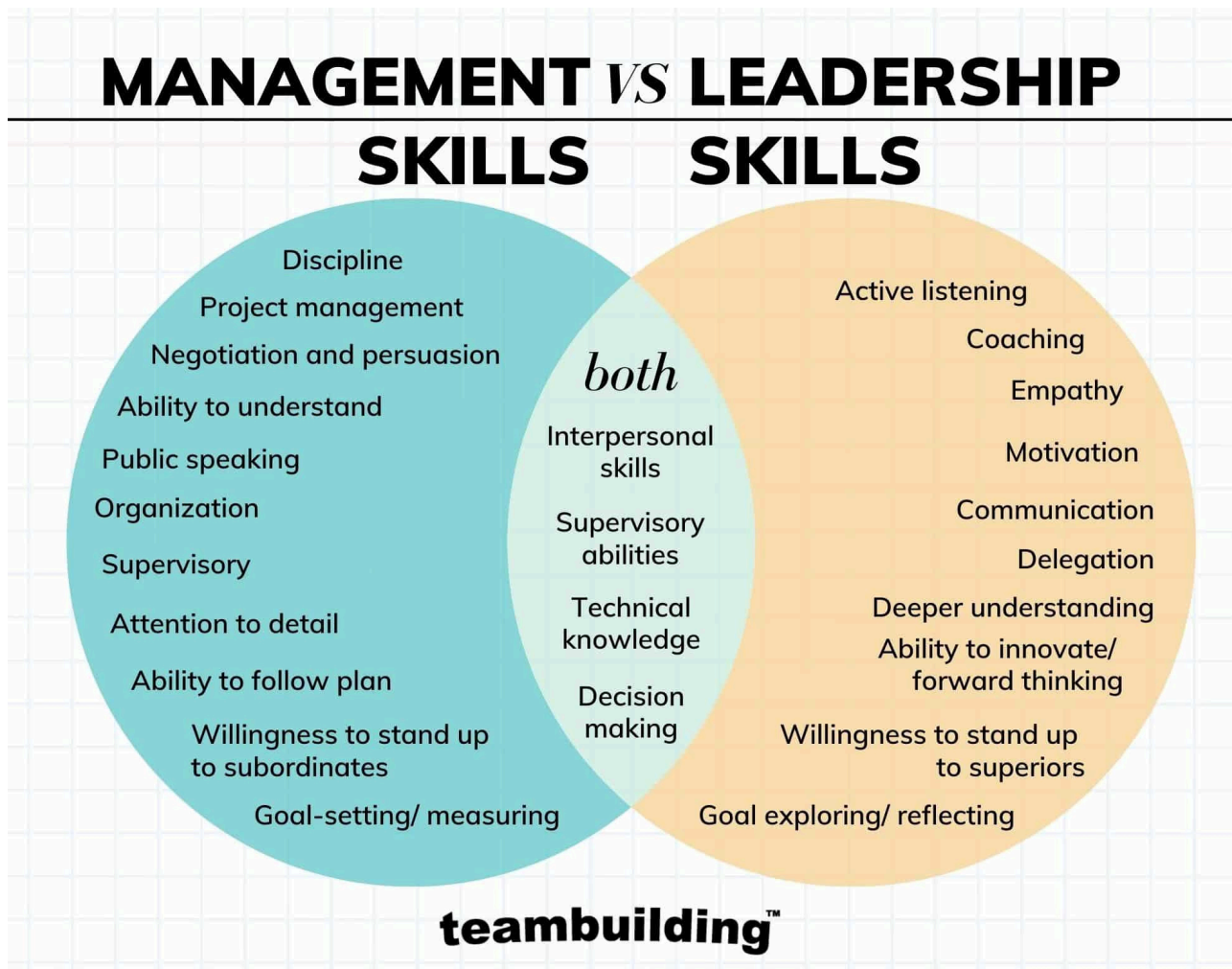


Source: <https://www.exceptional-pmo.com/blog/files/performing-2021.html>



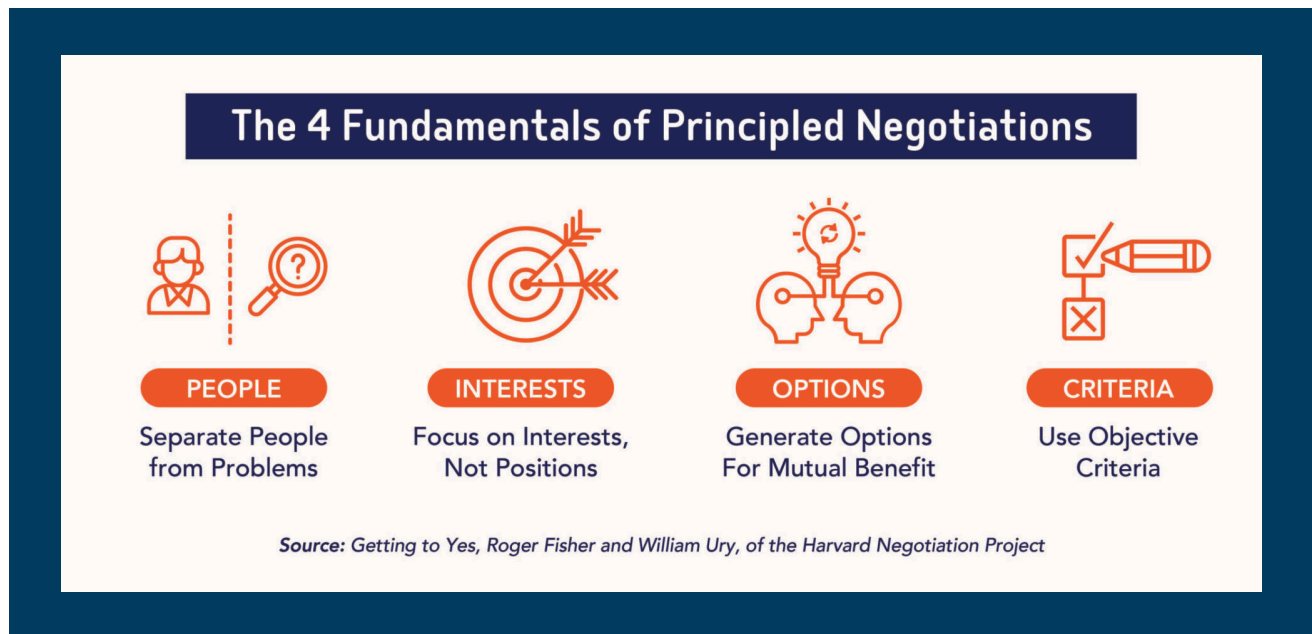
# MANAGE OR LEAD

|              | Leader #1 | Leader #2 | Leader #3 |
|--------------|-----------|-----------|-----------|
| Manage Tasks |           |           |           |
| Lead People  |           |           |           |
| Both         |           |           |           |



Source: <https://teambuilding.com/blog/management-vs-leadership>

# GETTING TO YES – NEGOTIATION



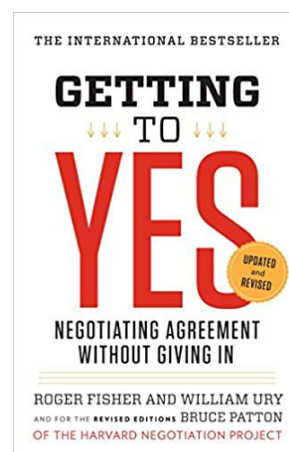
Source: <https://focusu.com/mastering-negotiations/>

## Tips and Things to Consider

- Collaboration does not mean giving in to the other team member.
- Focusing on the problem will retain relationships.
- Permit time to express feelings without arguing.
- Show/express appreciation for your colleagues during negotiation.
- Invent solutions that are mutually beneficial rather than this/that approach.

Source: <https://www.pon.harvard.edu/daily/negotiation-skills-daily/six-guidelines-for-getting-to-yes/>

APA. Fisher, R., Ury, W., & Patton, B. (2006). *Getting to yes* (2nd ed.). Penguin Putnam.



# Trust in High-Performing Teams

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The Harvard Business Review provides a number of tools for successful team management. Below are their characteristics of how high-performing teams build trust.

Don't leave collaboration to chance. Be intentional.

Keep colleagues in the loop. Communicate.

Share credit, acknowledge others.

Disagreements make us better.

Proactively address tension.

Source: <https://hbr.org/2024/01/how-high-performing-teams-build-trust>

# PSYCHOLOGICAL SAFETY

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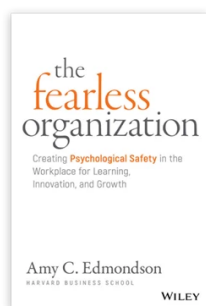
## The Leader's Tool Kit for Building Psychological Safety

|                          | 1 Setting the Stage   | 2 Inviting Participation  | 3 Responding Productively   |
|--------------------------|---|---|---|
| <b>Leadership Tasks:</b> | <p><b>Frame the Work</b></p> <ul style="list-style-type: none"> <li>Set expectations about failure, uncertainty, and interdependence to clarify the need for voice</li> <li>Framing is ongoing process</li> </ul> <p><b>Emphasize Purpose</b></p> <ul style="list-style-type: none"> <li>Identify what's at stake, why it matters, and for whom it matters</li> </ul> | <p><b>Demonstrate Situational Humility</b></p> <ul style="list-style-type: none"> <li>Acknowledge gaps</li> <li>Be inclusive</li> </ul> <p><b>Practice Inquiry</b></p> <ul style="list-style-type: none"> <li>Ask good questions</li> <li>Model intense listening</li> </ul> <p><b>Set Up Structures and Processes</b></p> <ul style="list-style-type: none"> <li>Create forums for input</li> <li>Provide guidelines for discussion</li> </ul> | <p><b>Express Appreciation</b></p> <ul style="list-style-type: none"> <li>Listen</li> <li>Acknowledge and thank</li> </ul> <p><b>Destigmatize Failure</b></p> <ul style="list-style-type: none"> <li>Look forward</li> <li>Offer help</li> <li>Discuss, consider, and brainstorm next steps</li> </ul> <p><b>Punish Clear Boundary Violations</b></p> |
| <b>To Accomplish:</b>    | Shared expectations and meaning   | Confidence that voice is welcome  | Orientation toward continuous learning  |

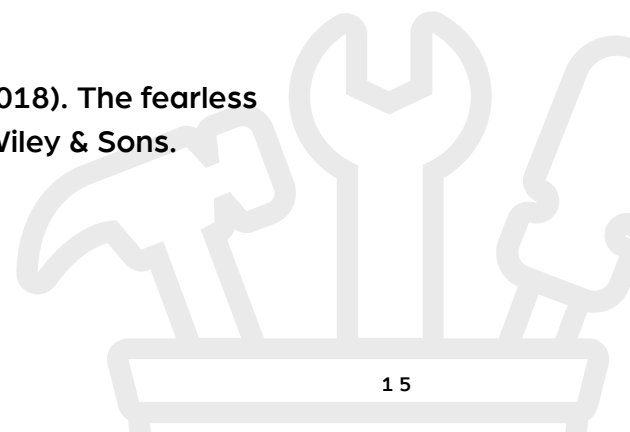
LEADERSHIP **NOW**

From: *The Fearless Organization*

Source: [https://www.leadershipnow.com/leadingblog/2019/01/the\\_fearless\\_organization.html](https://www.leadershipnow.com/leadingblog/2019/01/the_fearless_organization.html)



Source:  
Edmondson, A. C. (2018). *The fearless organization*. John Wiley & Sons.



# SIX STEPS TO PSYCHOLOGICAL SAFETY



Source: <https://accelerate.uofuhealth.utah.edu/improvement/psychological-safety-for-teams>

# PSYCHOLOGICAL SAFETY CLIMATE



## Video Resources



1. [Three Ways to Create Psychological Safety in Healthcare](#)
2. [Why is Psychological Safety so Important to Healthcare](#)

## Climate Awareness

“Psychological safety is about cultivating a work environment where people feel comfortable being and expressing themselves.”



Source: <https://accelerate.uofuhealth.utah.edu/improvement/psychological-safety-for-teams>

# TeamSTEPPS 3.0 OVERVIEW

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## What is TeamSTEPPS?

Provided by The Agency for Healthcare Research and Quality, TeamSTEPPS is a toolkit of evidence-based resources to improve team communication and outcomes. TeamSTEPPS tools can be used by all health team members, including patients and caregivers.

## TeamSTEPPS 3.0 Training

Free, asynchronous training modules are available online.

1. Introduction
2. Communication
3. Team Leadership
4. Situation Monitoring
5. Mutual Support
6. Implementation

<https://www.ahrq.gov/teamstepps-program/curriculum/index.html>

## Assessment Tools

A number of validated measurement tools are available including:

- TeamSTEPPS Coaching Feedback Form
- ASTD Coaching Self-Assessment Form
- Team Performance Observation Tool

Source: <https://www.ahrq.gov/teamstepps-program/index.html>

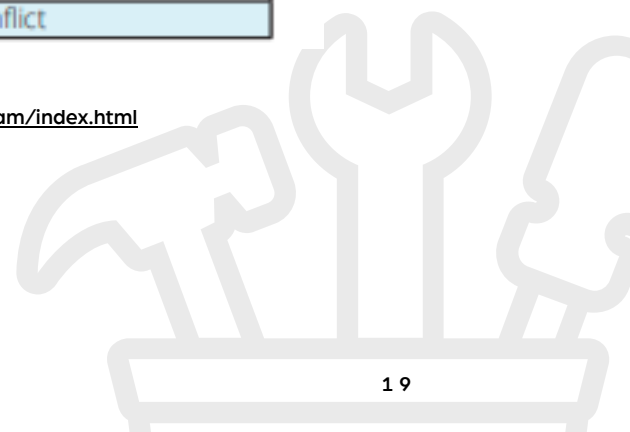
# TeamSTEPPS 3.0

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## Team Performance Observation Tool

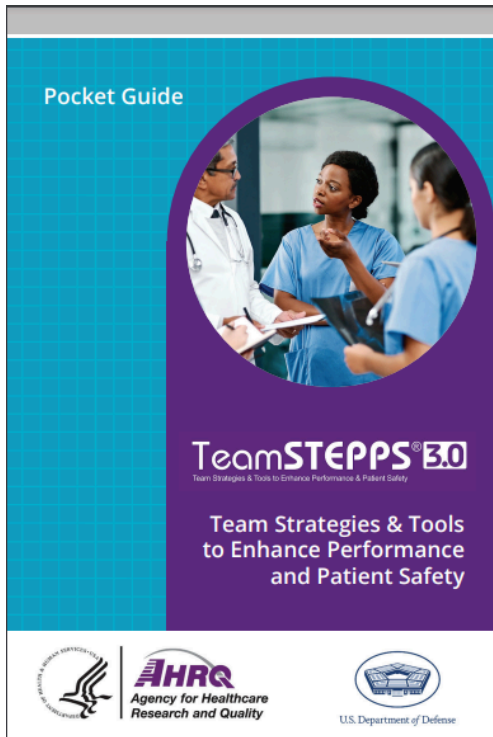
| Communication  |
|--|
| Provides brief, clear, specific and timely information to team members                             |
| Seeks information from all available sources   |
| Uses check-backs to verify information that is communicated  |
| Uses SBAR, call-outs, and handoff techniques (I-PASS) to communicate effectively with team members |
| Team Leadership  |
| Assembles team   |
| Assigns or identifies team members' roles and responsibilities                                     |
| Ensures team members have a shared mental model  |
| Holds team members accountable   |
| Includes patients and families as part of the team   |
| Identifies team goals and vision   |
| Utilizes resources efficiently to maximize team performance  |
| Balances workload within the team  |
| Delegates tasks or assignments, as appropriate   |
| Conducts briefs, huddles, and debriefs   |
| Situation Monitoring   |
| Monitors the status of the patient   |
| Monitors fellow team members to ensure safety and prevent errors                                   |
| Monitors the environment for safety and availability of resources (e.g., equipment)                |
| Monitors progress toward the goal and identifies changes that could alter the plan of care         |
| Uses STAR to prevent skill-based errors  |
| Fosters communication to ensure the patient and other team members have a shared mental model      |
| Mutual Support   |
| Provides task-related support and assistance   |
| Provides timely and constructive feedback to team members  |
| Effectively advocates for patient safety using the Assertive Statement, Two-Challenge Rule, or CUS |
| Uses the Two-Challenge Rule or DESC to resolve conflict  |

Source: <https://www.ahrq.gov/teamstepps-program/index.html>





# TeamSTEPPS 3.0



## TeamSTEPPS 3.0 Pocket Guide

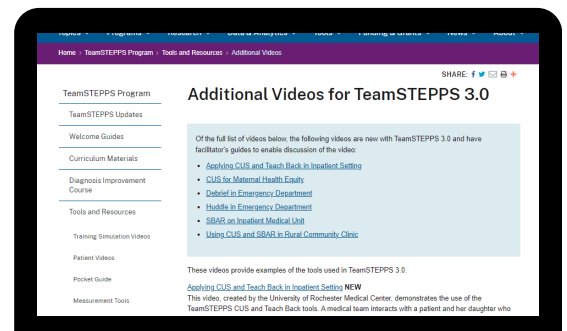
Click here: <https://www.ahrq.gov/teamstepps-program/resources/pocket-guide/index.html>

- Communication Tools
- Situation Monitoring Tools
- Mutual Support Tools

## Videos for TeamSTEPPS 3.0

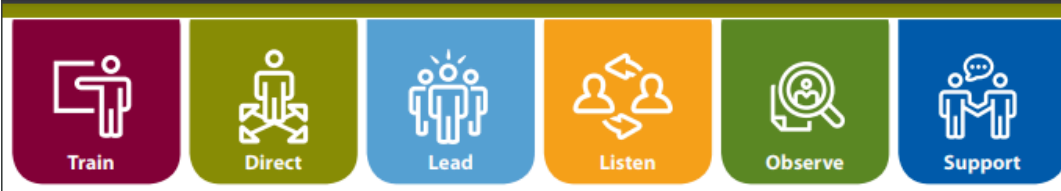
Click here: <https://www.ahrq.gov/teamstepps-program/resources/additional/index.html>

- Apply CUS
- Using CUS and SBAR
- Debrief and Huddle



# MENTORING & COACHING

**We can expand our capacity by mentoring and coaching our team member using the Train the Trainer model.**



**Train** **Direct** **Lead** **Listen** **Observe** **Support**

## Understanding the Training of Trainers Model

### The Training of Trainers (ToT) Model

The Training of Trainers (ToT) model is intended to engage master trainers in coaching new trainers that are less experienced with a particular topic or skill, or with training overall. A ToT workshop can build a pool of competent instructors who can then teach the material to other people. Instead of having just one trainer who teaches a course for a long time, there are multiple trainers teaching the same course at the same time in the ToT model. This means a new participant typically gets to watch an experienced trainer teach, complete the exercises, and then practice teaching segments to other participants. The master trainer and trainer participants should use the CDC Professional Development (PD) Best Practices.

#### Goals

The main goal of the ToT model is to prepare instructors to present information effectively, respond to participant questions, and lead activities that reinforce learning. Other goals include ensuring that trainers can:

- Direct participants to supplementary resources and reference materials.
- Lead discussions.
- Listen effectively.
- Make accurate observations.
- Help participants link the training to their jobs.

Trainer participants also learn the importance of maintaining eye contact, presenting a positive attitude, speaking in a clear voice, gesturing appropriately, and maintaining interest and dispelling confusion.

#### ToT Objectives

As a result of attending a ToT, participants will be able to:

1. Apply current practices in delivering a training on a selected evidence-based program.
2. Deliver proven facilitative skills to promote learner engagement, reflective practice, critical thinking, and skill acquisition.
3. Show mastery in delivering key training strategies commonly used; such as, brainstorming, processing/ process checks, roleplays, and practice sessions.
4. Use appropriate levels of intervention when managing difficult training situations, including disruptive learner behaviors.
5. Initiate a personal plan of action to strengthen their training and facilitation skill.

#### ToT Components

When designing a ToT, it is necessary to allow enough time to ensure the effective transfer of learning. Consider the type and number of topics when determining how much time a training session needs, and include the following elements:


- Pre-assessment.
- Pre-work.
- Trainer and participant agenda.
- Facilitation manual.
- Modeling of the skills and topic to be delivered.
- Adult learning principles.
- Skill practice and feedback.
- Action planning.
- Planned follow-up support.

#### Eligibility for Participation in a ToT

To be effective in achieving intended outcomes, prospective ToT participants must be highly qualified, seasoned trainers who have demonstrated the following:

- An advanced skill level in training and facilitation skills and engagement of adult learners.
- Success in the field and champions for the topic area.
- Completion of the entire training workshop.
- Ability to deliver the training when needed (flexible; able to travel).

National Center for Chronic Disease Prevention and Health Promotion  
Division of Population Health



Source:

[https://www.cdc.gov/healthyschools/professional\\_development/documents/17\\_279600\\_TrainersModel-FactSheet\\_v3\\_508Final.pdf](https://www.cdc.gov/healthyschools/professional_development/documents/17_279600_TrainersModel-FactSheet_v3_508Final.pdf)

# TRAIN THE TRAINER PAGE TWO

## Resources

- [Understanding PD](#)
- [PD Practices Smart Card](#)
- [Follow Up Support Toolkit](#)
- [How to Build a Training Cadre](#)
- Marketing Toolkit
- [PD 101](#)
- PD 201

## Definitions

- **Pre-assessment**—identifies pre-training knowledge, skills, and interest of the trainer participants to determine or inform the training design.
- **Pre-work**—provides trainer participants with the knowledge and background needed before the actual ToT.
- **Adult learning principles**—provide insight into how adults learn, and can help instructors be more effective in their practice and more responsive to the needs of the learners they serve.
- **Skill practice and feedback**—provides opportunities for the practice of selected training activities or content by asking participants to present to other participants. Participants then provide feedback regarding the practice.
- **Action planning**—takes participants through the process of creating a plan outlining the sequence of steps that must be taken or activities that must be performed well for a strategy to succeed.
- **Planned follow-up support**—provides completed, continued, and targeted follow-up support once a professional development event has been completed to strengthen the knowledge and skill level of participants. Follow-up support is intended to strengthen the transfer of learned strategies or skills so they will be retained and applied effectively.

A ToT workshop can build a pool of competent instructors who can then teach the material to other people.

The main goal of the ToT model is to prepare instructors to present information effectively, respond to participant questions, and lead activities that reinforce learning.



### Train instructors

A ToT workshop can build a pool of competent instructors who can then teach the material to other people.



### Direct participant

Direct participants to supplementary resources and reference materials.



### Lead discussions

Lead activities that reinforce learning.



### Listen effectively

Helps instructors be more effective in their practice and more responsive to the needs of the learners they serve.



### Make observations

Provide insight into how adults learn, and can help instructors be more effective in their practice.



### Support participants

Provides completed, continued, and targeted follow-up support once a professional development event has been completed.

For more information visit: <https://www.cdc.gov/healthyschools/trainingtools.htm>

**Train. Direct. Lead. Listen. Observe. Support.**

CS279600

Source:

[https://www.cdc.gov/healthyschools/professional\\_development/documents/17\\_279600\\_TrainersModel-FactSheet\\_v3\\_508Final.pdf](https://www.cdc.gov/healthyschools/professional_development/documents/17_279600_TrainersModel-FactSheet_v3_508Final.pdf)

# EvidenceNOW

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## **EvidenceNOW is an initiative of the Agency for Healthcare Research and Quality.**

- Intended to improve care delivery through use of evidence based practices
- Provides external support to facilitate practice improvement
- Additional projects addressing heart health, alcohol use, and incontinence

Click here for Tools and Resources:

<https://www.ahrq.gov/evidencenow/tools/search/index.html>



### **Cultivate Motivation**

- Ask open-ended questions to clarify practice goals and challenges
- Remain flexible about what practices choose to focus on
- Tailor quality improvement activities to primary care practices' needs, goals, and preferences



### **Guide Primary Care Practices Through the Change Process**

- Assess practices' readiness to change
- Help practices think critically to identify pain points and brainstorm solutions
- Share experiences from other practices to "cross-pollinate" ideas and stimulate thinking
- Empower and guide practice staff to implement changes themselves



### **Address Resistance to Change**

- Address concerns directly
- Encourage practices to pinpoint and minimize barriers to change



### **Provide Accountability and Project Management Support**

- Hold regular meetings with clear agendas
- Summarize action items
- Assign tasks to specific practice staff
- Establish target deadlines, track progress, and provide reminders

Source: <https://www.ahrq.gov/evidencenow/practice-facilitation/index.html>

# EvidenceNOW KEY DRIVER



## The EvidenceNOW Key Driver Diagram

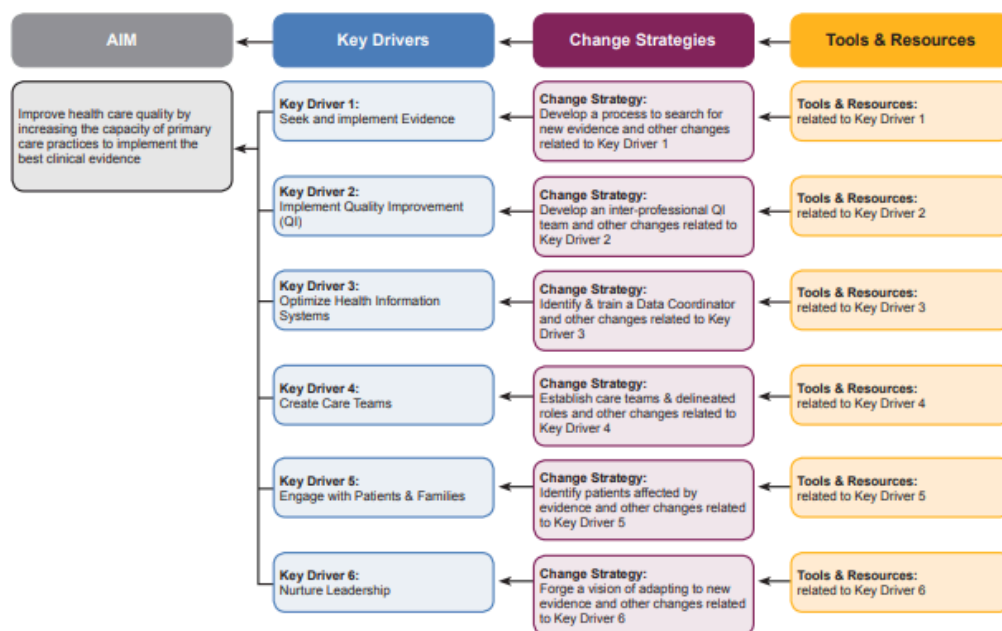
The EvidenceNOW Key Driver Diagram shows six key drivers – big changes – that primary care practices make to build their capacity to implement the best evidence. For each key driver, there are several change strategies – specific actions that support achievement of that key driver. Select any of the key drivers or change strategies to learn more about them. There are tools and resources that correspond to each key driver. These can be accessed by selecting the “Tools & Resources” button associated with a specific key driver and its change strategies. Select the top “Tools and Resources” Button to access the entire searchable collection of over 100 EvidenceNOW Tools for Change.

Learn more about the EvidenceNOW Key Driver Diagram and how it was developed at:

<https://www.ahrq.gov/evidencenow/tools/keydrivers/about.html>.

Access a complete description of the key drivers and change strategies at:

<https://www.ahrq.gov/evidencenow/tools/keydrivers/description.html>.



AHRQ Pub. No. 19-0021  
January 2019

Source: [https://www.ahrq.gov/sites/default/files/wysiwyg/evidencenow/tools-and-materials/KeyDriver\\_onepager.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/evidencenow/tools-and-materials/KeyDriver_onepager.pdf)

# Do you understand every team member's role?

## IPEC Core Competencies

The Interprofessional Education Collaborative (IPEC) publishes the national standards for interprofessional education. This includes four Core Competencies for Team Collaborative Practice: Communication, Values & Ethics, Roles & Responsibilities, and Teamwork.

### Roles and Responsibilities



Use the knowledge of one's own role and **team** members' expertise to address individual and population **health outcomes**.

- RR1.** Include the full scope of knowledge, skills, and attitudes of **team** members to provide care that is **person-centered**, safe, cost-effective, timely, efficient, effective, and equitable.
- RR2.** Collaborate with others within and outside of the health system to improve **health outcomes**.
- RR3.** Incorporate complementary expertise to meet health needs including the **determinants of health**.
- RR4.** Differentiate each **team** member's role, scope of practice, and responsibility in promoting **health outcomes**.
- RR5.** Practice **cultural humility** in **interprofessional** teamwork.

Source: [https://ipec.memberclicks.net/assets/core-competencies/IPEC\\_Core\\_Competencies\\_Version\\_3\\_2023.pdf](https://ipec.memberclicks.net/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf)

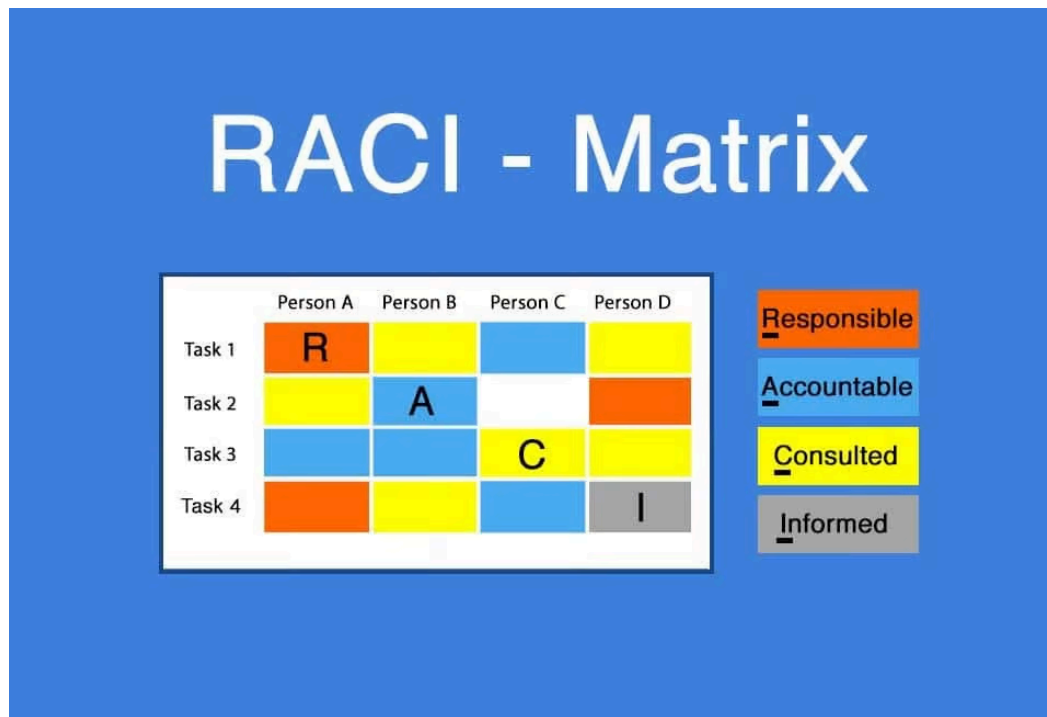


# CAPACITY FOR TEAMING

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## RACI – Matrix

1. Ensure team members know each other's role on the team
2. Define team responsibilities: tasks, deliverables, outcomes
3. Determine which team members are assigned to a task according to if they are Responsible, Accountable, Consulted, or Informed



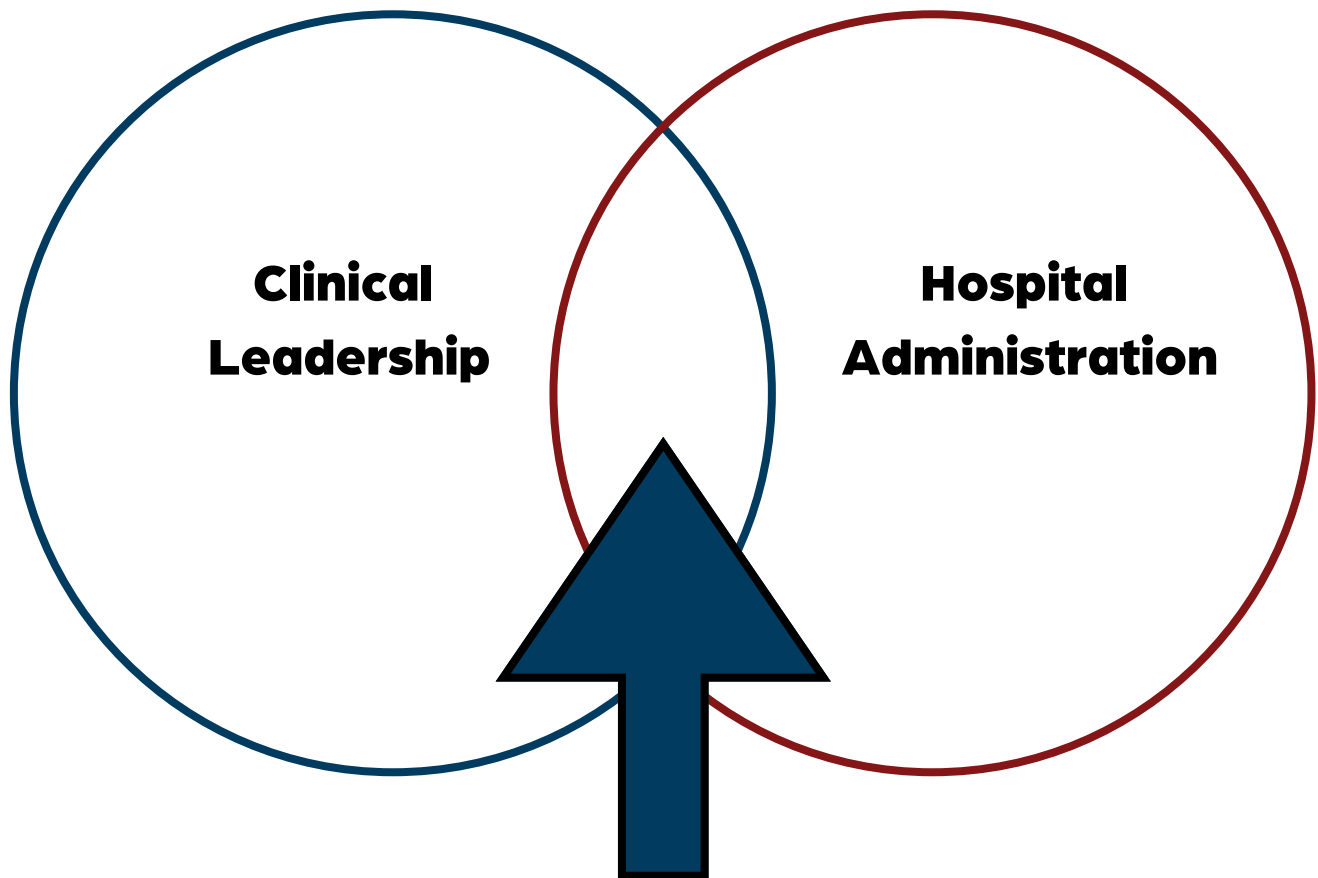
Source: <https://t2informatik.de/en/smartpedia/raci-matrix/>

## Tips for Using RACI

- Create RACI before the project begins
- Ensure all team members have access to RACI
- Hold review sessions

# SHARED SCOPE/ROLES

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## Shared Attributes: Shared Scope & Roles

- Strategic Thinking
- Mission, Vision, Values
- Culture
- Performance & Outcomes
- Relationships
- Communication
- Problem Solving

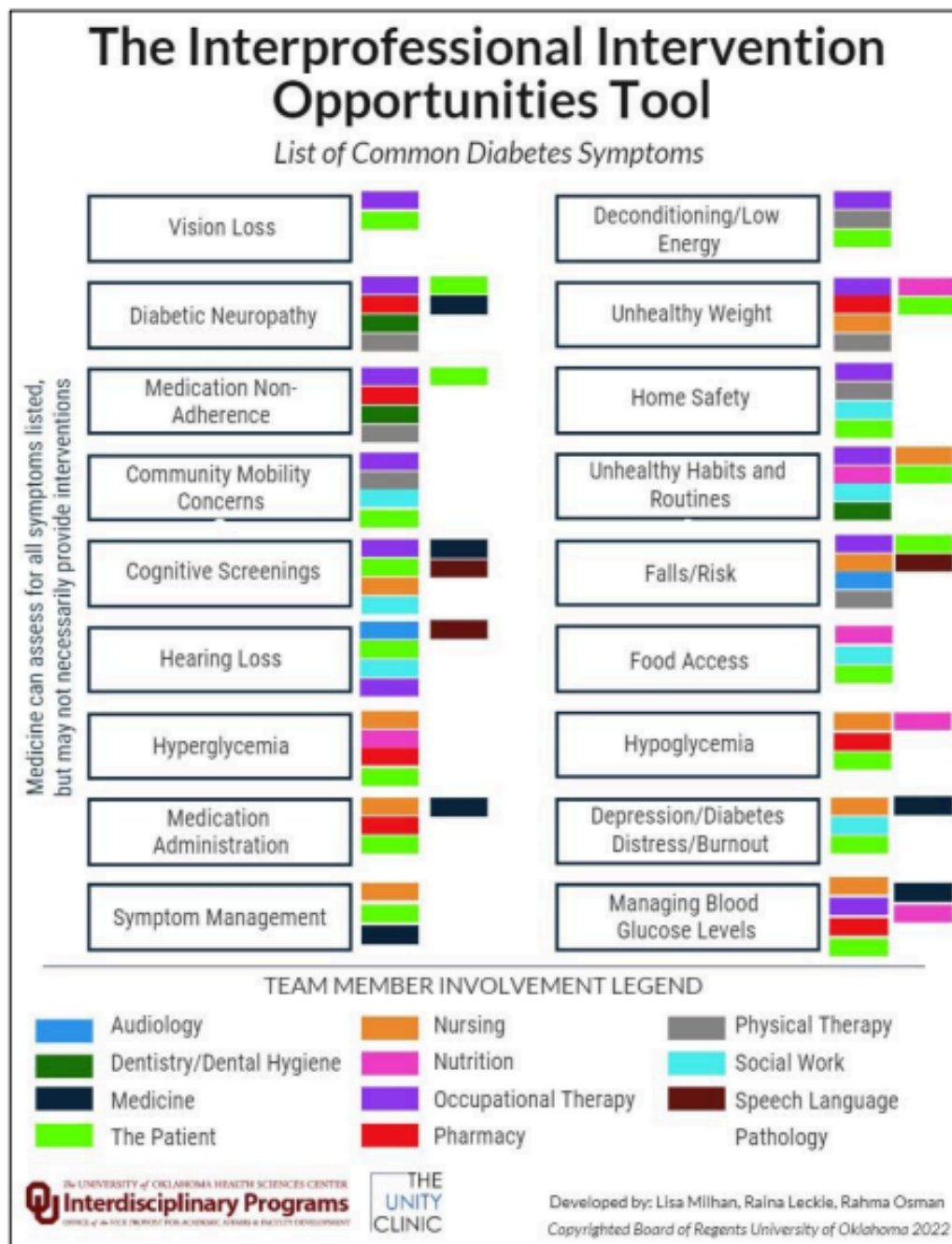


# IPE INTERVENTION OPPORTUNITIES TOOL

## How to use this tool:

Determine areas of teamwork and/or patient care and evaluate where each professional on your team can contribute.

Example: Diabetes Care



# FOSTER PARTICIPATION

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## Sometimes, you are not the one

Are you the best person to lead this part of the project?

Are you the best person to help this patient right now?

Does someone else have training that can help this project/patient better than you?

Do you need to purposefully invite the other person to the table?

## Asking for help at work:

| Do This   | Not This  |
|---|---|
| Know that others on your team have education and experience to help.                        | Assume asking for help is weakness, or that you don't know how to do something. |
| Know that it is often an honor for others to be acknowledged for the abilities.             | Assume that asking others to help is putting a burden on them.                  |
| Know that everyone should contribute to the highest scope of their licensure and abilities. | Assume that others will think you don't have what it takes to get the job done. |

Source: <https://www.weforum.org/agenda/2014/08/asking-help-makes-stronger-leader/>

# DELEGATION

## Delegation Barriers

- Are you letting your team members help you?
- Have you learned to trust your team enough to ask for help through task delegation?

Source: <https://www.liveandlearnconsultancy.co.uk/what-is-delegation/>



## Delegation Opportunities

### 5 Examples of Successful Delegation

- 1 Assigning tasks based on skill
- 2 Empowering employees and helping growth
- 3 Keeping everyone engaged
- 4 Providing adequate support to make delegation
- 5 Rescuing time from routine tasks



Source: <https://www.risely.me/5-successful-delegation-examples-for-team-managers/>

# CLEAR & TRANSPARENT ACCOUNTABILITY

## Progress Reporting

Pre-schedule time on calendars for reviews with team members at a regular cadence. Team members should all be aware of project status. There should be no surprises.

## Underperformance

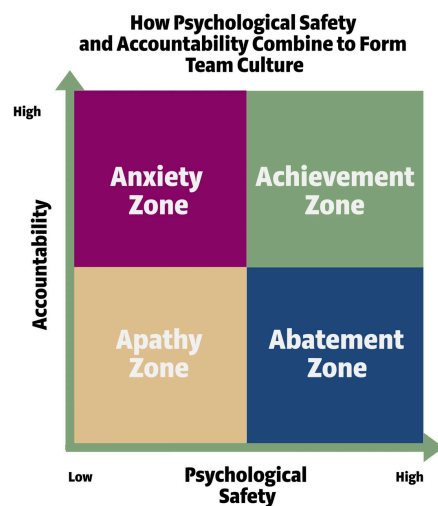
Don't let issues fester. Address concerns, poor performance, conflict, or other challenges/barriers promptly using appropriate HR processes.



While promptness is helpful, the weight of the response must be appropriate to the concern addressed. Consider: Will the response improve the team?

## Foster Accountability

- Create a safe environment for acknowledging mistakes.
- Use mistakes and disagreements for continuous quality improvement.
- Positively transform challenges into growth opportunities.



Source: <https://www.marie-clairross.com/blog/5-steps-to-move-teams-out-of-the-anxiety-zone>

# Communication Keys

## crucial conversations® **How to Have a Crucial Conversation**

crucial  
conversations®

A crucial conversation is any conversation where the stakes are high, opinions differ, and emotions run strong. We often fear them because our past experience has taught us that if we're both emotional and honest, bad things are

likely to happen. However, if we have the skills to speak up both candidly and honestly, we can actually strengthen relationships while solving problems. Follow these steps to help you succeed in your next crucial conversation.

### BEFORE THE CONVERSATION



1. **Start with Heart:** Before you begin, examine your motives. Ask yourself what you really want for you, for the other person, and for the relationship? This question activates your brain and diffuses your strong emotions.
2. **Prepare to STATE Your Path**—STATE stands for Share your facts, Tell your story, Ask for others' paths, Talk tentatively, and Encourage testing. Make sure you identify only the facts of the situation and the story you have drawn as a result of those facts.
3. **Identify a Mutual Purpose and Desired Outcome:** Identify goals both you and the other person care about. Clearly outline the actions or outcomes you'd like to see. If you can't identify these beforehand, ask the other person how you can solve the issue together.
4. **Practice:** Practice these skills ahead of time to prepare for your meeting.

### AT THE BEGINNING OF THE CONVERSATION



1. **Get Buy-In:** Begin by getting agreement from the other person to have the conversation. If he or she wants to discuss something else or isn't prepared, schedule another time to meet.
2. **Clarify and Agree:** Reach agreement with the other person that there is an issue, identify what the issue is, and clearly articulate what a successful resolution would look like for both parties.

### DURING THE CONVERSATION



1. **Make It Safe:** The antidote to defensiveness in crucial conversations is to make it safe. To create safety, help others understand that you respect them and care about their interests as much as you care about your own. When they believe this, they open up to your views. When they don't, they shut down. After you create a safe environment, confidently share your facts and your story.
2. **Invite Dialogue & Listen:** Once you've safely stated your path, invite differing opinions. Encourage the other person to disagree with you and then listen. Those who are best at crucial conversations want to learn. If your goal is just to dump on others, they'll resist you. If you are open to hearing others' points of view, they'll be more open to yours.

### AT THE END OF THE MEETING



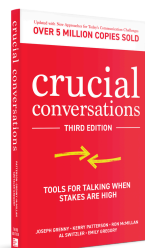
1. **Move to Action:** It's easy to let assignments fall through the cracks. When ending a crucial conversation, document WHO does WHAT by WHEN, and how you will FOLLOW UP. This will help you turn a conversation into real action and results.

To learn more, visit [www.crucialskills.com](http://www.crucialskills.com)

VitalSmarts®

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Source: <https://www.learningwithbiz.com/wp-content/uploads/2019/08/How-to-Have-a-Crucial-Conversation-Infographic.pdf>



Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2002). *Crucial conversations*. McGraw-Hill Contemporary.

## SBAR Communication

### SITUATION

What is going on with the patient?

*“Dr. Lu, this is Alex, a nurse from your 5th Street office. I am calling about your patient, Mr. Webb. He reports being in substantial discomfort and that there is not much urine in his catheter bag.”*

### BACKGROUND

What is the clinical background or context?

*“Mr. Webb is an 83-year-old patient that has a catheter in place during his recovery from bladder cancer treatment.”*

### ASSESSMENT

What do I think the problem is?

*“He also reports a temperature of 100.4 and that the urine in his bag is cloudy and slightly red. I am concerned he may have an infection and that his catheter may be clogged.”*

### RECOMMENDATION OR REQUEST

What would I do to correct it?

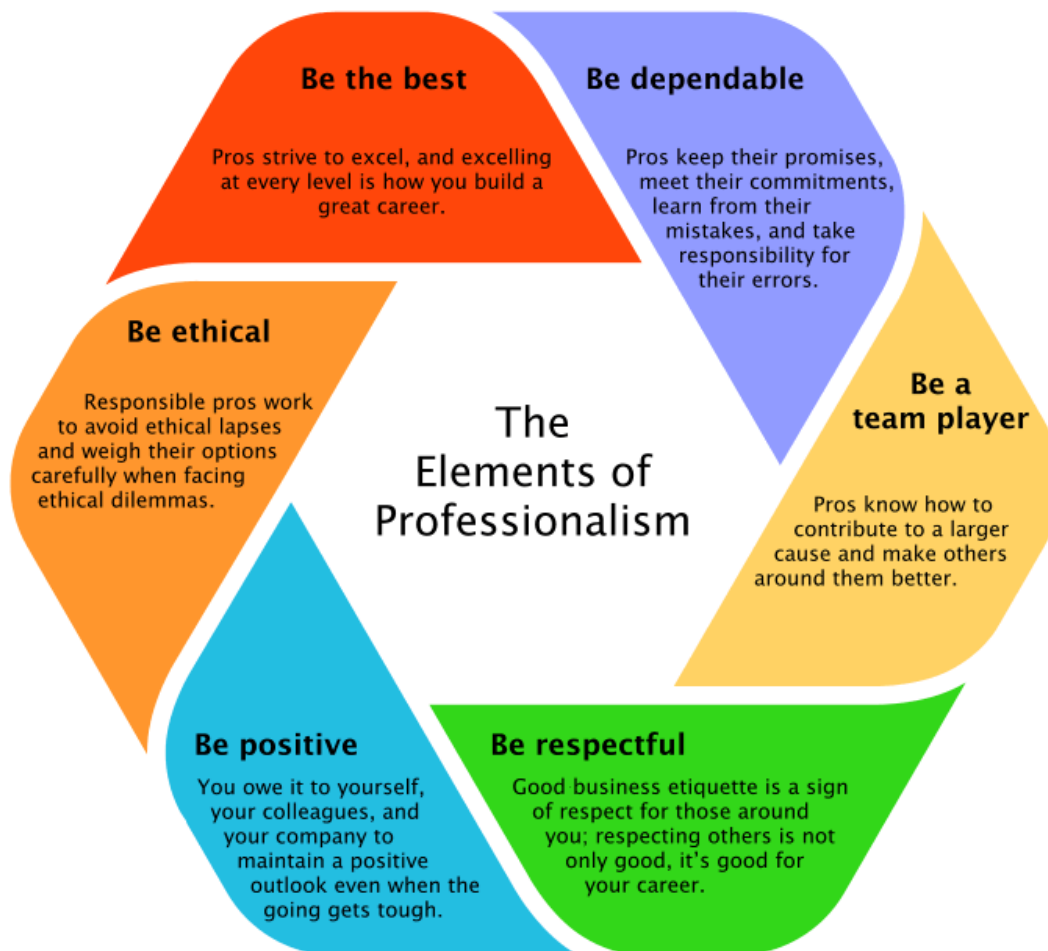
*“I would like him to come into the office this morning for you to see him. When he arrives, would you like us to get labs, including blood cultures, to check for infection?”*

Source: <https://www.ahrq.gov/teamsteps-program/curriculum/communication/tools/sbar.html>

# PROFESSIONALISM

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**Professionalism is not the job you do.  
It's how you do the job.**

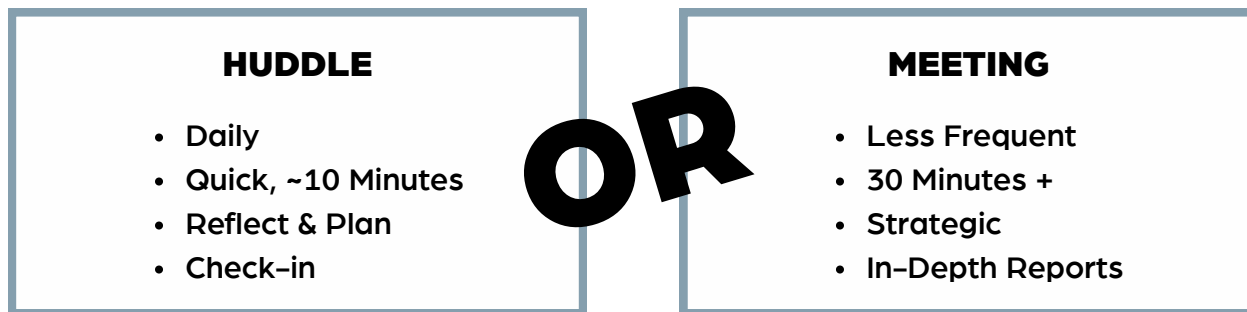


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Source: <https://blog.businesscommunicationnetwork.com/2016/10/17/using-the-business-communication-course-to-teach-professionalism/>



# HUDDLE GUIDE



## How to Organize a Team Huddle

1. Start at the same time, and on time. Consistency is key.
2. Empower other team members to lead the huddle so it happens regardless if the “leader” is there.
3. Have an agenda, refer to it, stay on topic
4. Give an assignment where all team members have to provide input.  
Example: Everyone given one positive report-out since our last meeting.
5. Focus on critical thinking and problem solving, not rote reporting.
6. Preview upcoming assignments. Now, Today, Tomorrow.
7. Provide a consistent closing. “Thank you, the huddle is now over.”

## Sample Huddle Agenda

Can be adapted by  
Unit / Department

1. Welcome & Introductions (as needed)
2. Concerns
3. Issues for Today
4. Status on Tracked Issues
5. Inputs/Round-robin
6. Announcements
7. Consistent Closing

Source: <https://www.ahrq.gov/hai/tools/ambulatory-surgery/sections/sustainability/management/huddles-comp-kit.html>



# MEETING GUIDE

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**Collaborative leadership requires discussion of roles and responsibilities in meetings. Use this checklist to assign meeting management tasks.**

| Task                                | Leader #1 | Leader #2 | Leader #3 |
|-------------------------------------|-----------|-----------|-----------|
| Schedule Meeting                    |           |           |           |
| Create Agenda                       |           |           |           |
| Invite Attendees                    |           |           |           |
| Reserve Meeting Space               |           |           |           |
| Begin Meeting                       |           |           |           |
| Review Agenda w/Team                |           |           |           |
| Discuss Agenda Items                |           |           |           |
| Call for decisions or consensus     |           |           |           |
| Timekeeper                          |           |           |           |
| Record Keeping                      |           |           |           |
| Table or Defer Items                |           |           |           |
| Adjourn Meeting                     |           |           |           |
| Communicate Results to Stakeholders |           |           |           |

# DEBRIEF BASICS

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## Debriefing Steps

### **The What**

Describe the situation, event, activity, or day. May also “blow off steam.”

### **The So What**

Reflect on what happened to find meaning, learning, or issues to be addressed.

### **The Now What**

Apply reflections as key take-aways. Move to action.

Source: <https://experience.jumpfoundation.org/what-is-debriefing-and-why-should-we-debrief/>

## Debriefing Guidelines

1. Ensure psychological safety. Debriefing is not intended for judgement of right or wrong. Within reason, debriefing can remain confidential.
2. Leader should keep discussion focused on purpose while allowing participants to speak freely in response to conversation.
3. Engage all participants. Use open ended questions to prompt response. Allow periods of silence so participants can think of their response.
4. Feedback from the leader should occur only after the debrief concludes.

Source: <https://cisl.stanford.edu/design-a-program/create-an-effective-curriculum/art-of-debriefing.html>

## Additional Reading

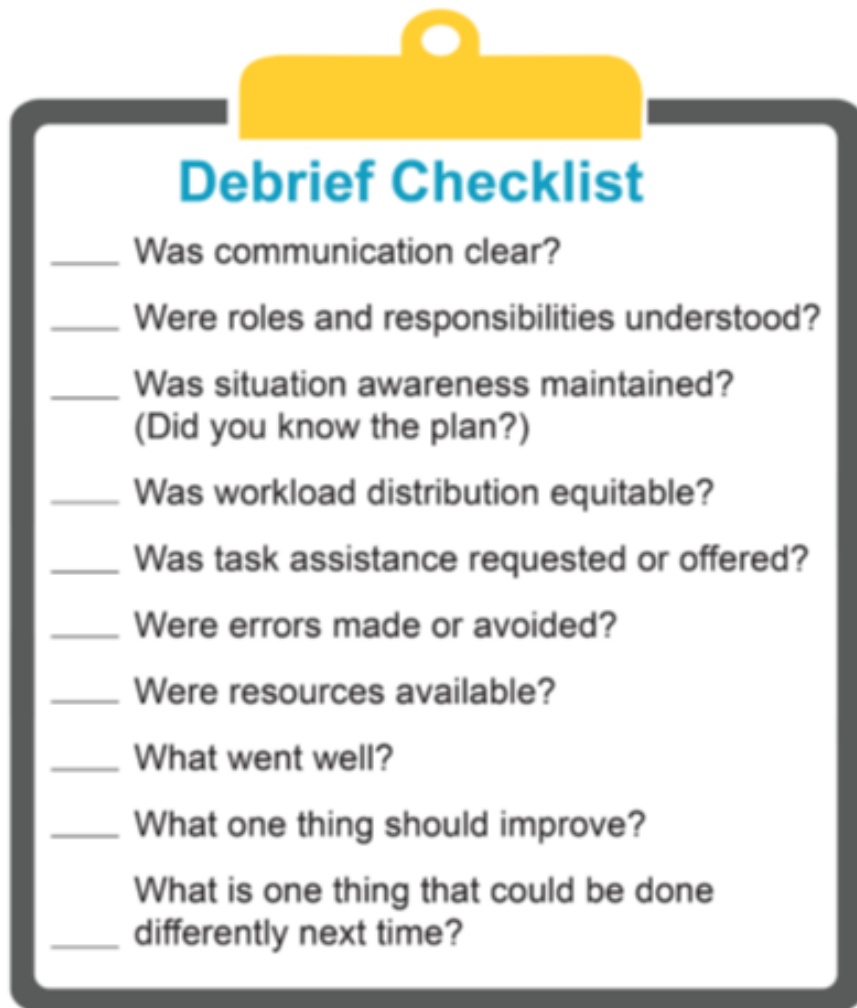
Abulebda, K., Auerbach, M., & Limaiem, F. (2023). Debriefing Techniques Utilized in Medical Simulation. StatPearls. <http://www.ncbi.nlm.nih.gov/books/NBK546660/>

# DEBRIEF GUIDES

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## When to have a team debrief:

- End of event, activity, shift
- After critical events, emergencies
- After successful learning activities
- After pertinent meetings with stakeholders



**Debrief Checklist**

- \_\_\_ Was communication clear?
- \_\_\_ Were roles and responsibilities understood?
- \_\_\_ Was situation awareness maintained?  
(Did you know the plan?)
- \_\_\_ Was workload distribution equitable?
- \_\_\_ Was task assistance requested or offered?
- \_\_\_ Were errors made or avoided?
- \_\_\_ Were resources available?
- \_\_\_ What went well?
- \_\_\_ What one thing should improve?
- \_\_\_ What is one thing that could be done differently next time?

**Tip #1:**

Ask open-ended questions

**Tip #2:**

Allow time to reflect before responding to questions

**Tip #3:**

Focus on facts

**Tip #4:**

End with take-aways

**Tip #5:**

Focus on applying learning to future situations

Sources:

<https://www.ahrq.gov/teamstepps-program/curriculum/team/tools/debrief.html>




<https://www.ncbi.nlm.nih.gov/books/NBK546660/>

# DEBRIEF BENEFITS

## Benefits of Effective Debriefs

- Healthcare Quality
- Patient and Workplace Safety
- Provider/Employee Wellness
- Psychological Safety
- Understanding Roles & Responsibilities
- Reinforces Communication

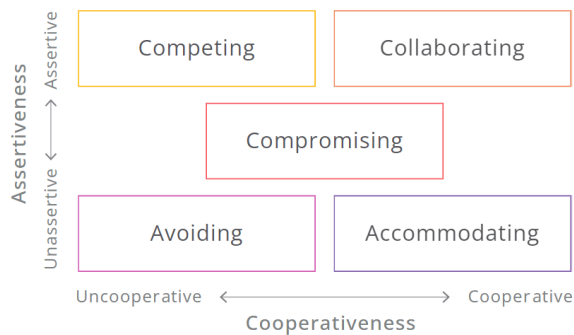
### Safety-II Healthcare Debriefing Tool

|   | Debriefing Phase      | Main Concept                                      | Sample Phrase(s)   |
|---|-----------------------|---|--|
|   | Set the Scene         | Cue participants into inclusion of Safety-II      | Let's collaboratively discuss what went well and why in order to capitalize on it in the future  |
|  | Analysis              | Variability                                       | Why did X* go so well in this case? How was this case and this outcome similar or different than other cases?  |
|   |                       | Reproducing Success                               | How can we ensure the factors that led to success are present again in the future?<br>What resources enabled good performance in this case?  |
|   |                       | Adaptability                                      | How did people adapt to overcome challenges in this case?  |
|   |                       | Workarounds                                       | Were there workarounds used? Are there strategies or workarounds that were used in this case that should become part of normal work?   |
|   |                       | Near Misses/<br>Hard Mitigation                   | Were there any near misses? If so, what prevented harm from occurring?<br>Are there examples of cases like today's when it did not go as well? What are the differences between that case and today's? |
|  | Summary/<br>Take Home | Lessons Learned for Reproducing Success           | What occurred in this case that we want to continue in the future?<br>What is needed to ensure this happens reliably in the future?  |
|   |                       | Identifying Opportunities for Systems Improvement | What insights did we gain that could improve the system for the future?  |

@SBentleyEMSim, @ThisIsSYMh, @KroussMD, @KomalBajajMD

Source: <https://www.ihl.org/insights/linking-quality-safety-and-wellness-through-health-care-debriefing>

# CONFLICT MANAGEMENT



## Know your Conflict Resolution Style

Take the quiz at:

<https://www.themyersbriggs.com/en-US/Products-and-Services/TKI>



Source: <https://www.wellable.co/blog/conflict-resolution-techniques-in-the-workplace/>

# FEEDBACK / FEEDFORWARD

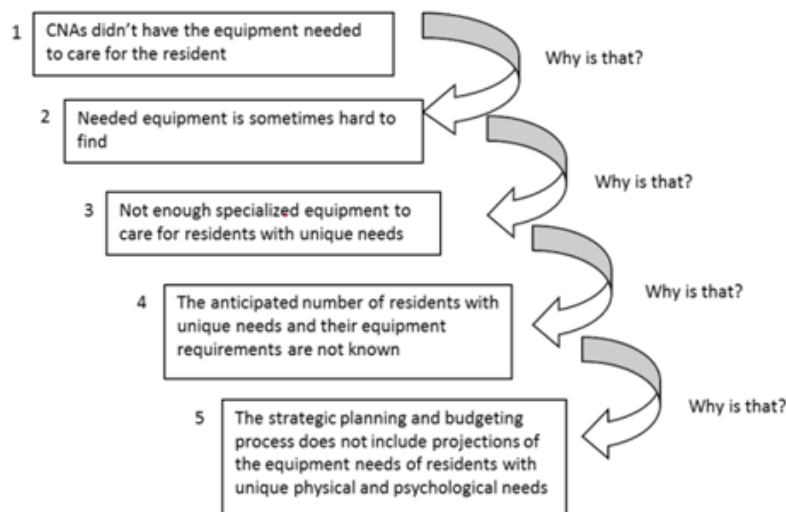


Source: <https://www.iggypintado-connectthoughts.com/2022/04/feedforward-and-feedback.html>

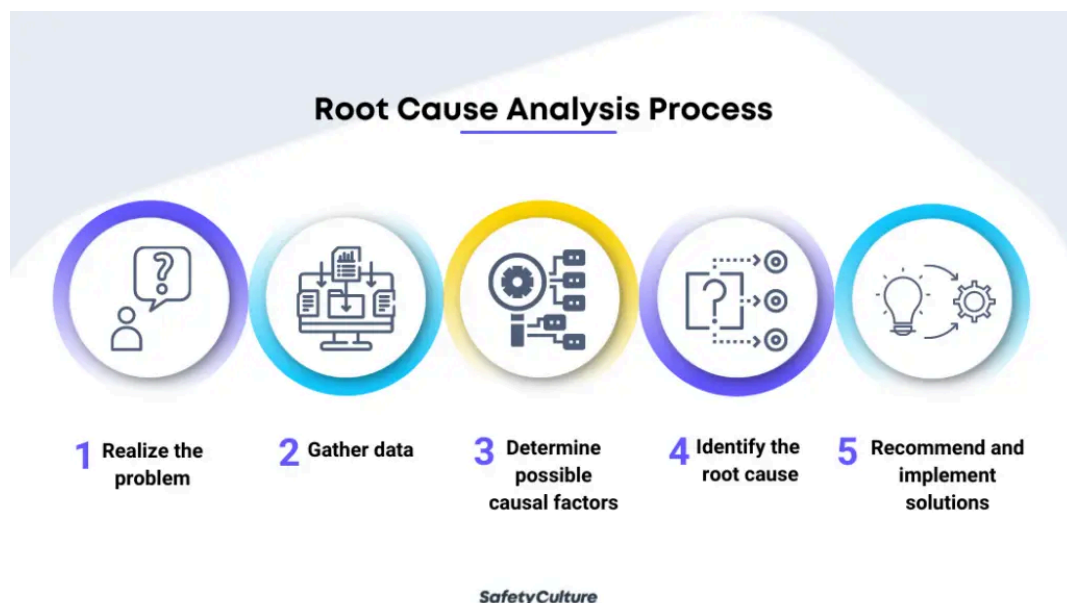


# ROOT CAUSE ANALYSIS

“RCA is a structured facilitated team process to identify root causes of an event that resulted in an undesired outcome and develop corrective actions. The RCA process provides you with a way to identify breakdowns in processes and systems that contributed to the event and how to prevent future events. The purpose of an RCA is to find out what happened, why it happened, and determine what changes need to be made.”



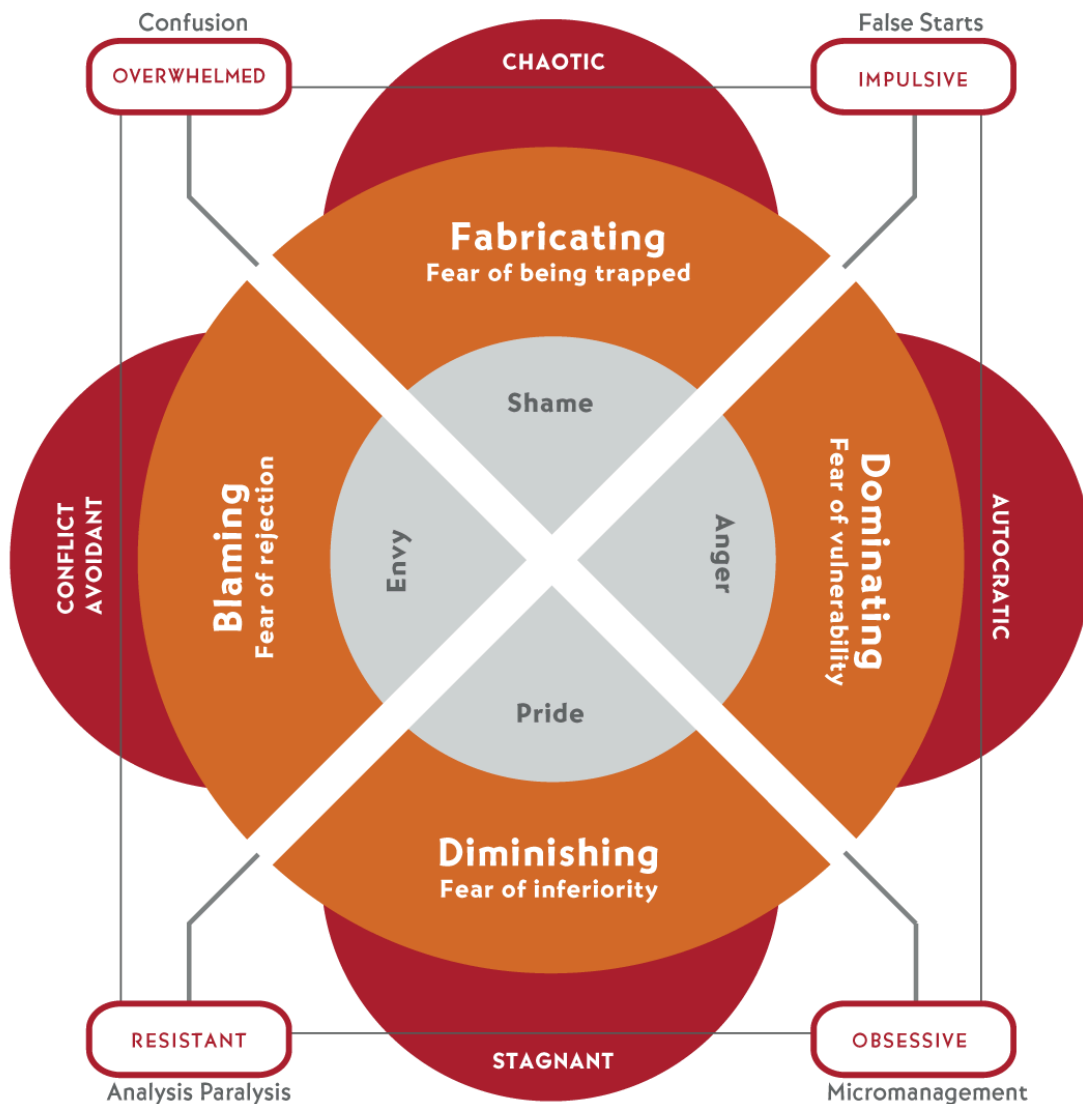
Source: <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/guidanceforrca.pdf>



Source: <https://safetyculture.com/topics/root-cause-analysis/>

# TOXIC LEADERSHIP TRAITS

**"People leave managers,  
not companies."**



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Source: <https://www.tilt365.com/blog/post/toxic-leadership-destructive-characteristics-examples>



# AVOIDING TOXIC LEADERSHIP

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Source: <https://www.linkedin.com/pulse/how-avoid-being-toxic-leader-john-s-todorovic/>

## Avoid Being a Bad Boss

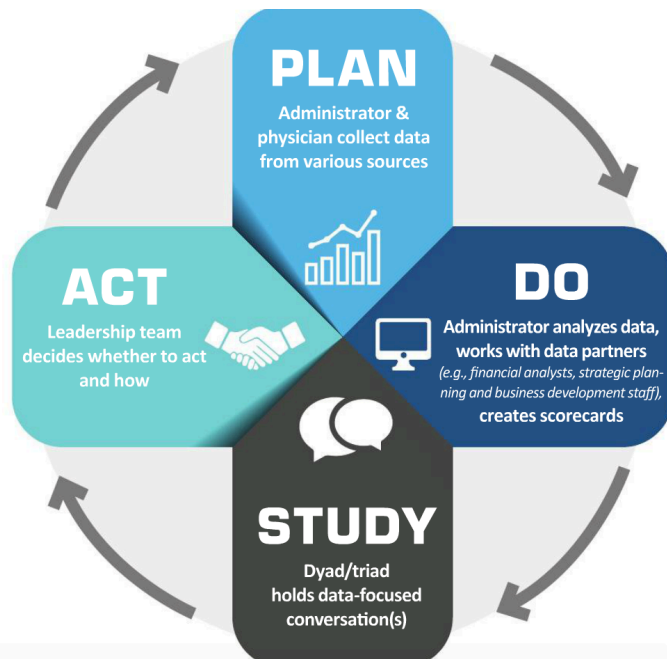
1. Make the assignments/work reasonable and meaningful.
2. Provide growth opportunities.
3. Show appreciation to team members.
4. Be constructive and positive, not negative or punitive.
5. Create a caring, safe team culture – care about people first.

Source: <https://www.forbes.com/sites/tracybrower/2023/10/01/how-to-avoid-being-a-bad-boss-5-paths-to-positive-impact/?sh=5cadd79948d8>

# Fostering Outcomes

## The Leadership Data Conversation Cycle: A Plan-Do-Study-Act Approach

Dyadic/triadic leadership teams receive, process and apply data in a cycle similar to W. Edward Deming's Plan-Do-Study-Act model. After both administrator and clinician leaders receive data, a combination of analysis and "data conversations" helps them decide whether to act and which interventions are needed to achieve the best outcomes.



Source: <https://cardiovascularbusiness.com/topics/patient-care/dyads-data-better-together-talk-data-strengthen-your-leadership-team>



\*Adapted from: *The GRPI Model of Team Effectiveness* – Rubin, Plovnick, and Fry (1977), *The Five Dysfunctions of a Team* – Lencioni, P. (2002), *The Advantage: Why Organizational Health Trumps Everything Else In Business* – Lencioni, P. (2012), and *Developmental sequence in small groups*, Psychological Bulletin 63 (6) - Bruce Tuckman (1965)

Source: <https://www.ctileadership.com/left-brain-right-brain-dyad-leadership-in-healthcare/>

# PATIENT SAFETY



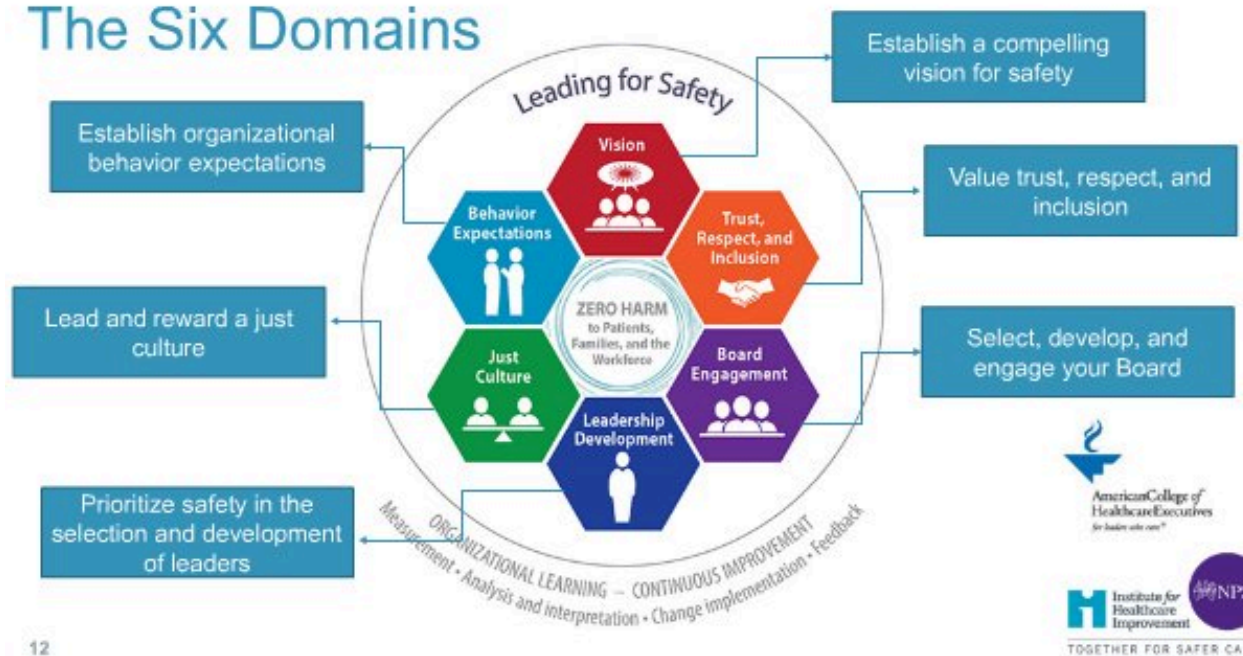
## Toolkit for Using the AHRQ Quality Indicators

- Assessing Readiness to Change
- Applying QIs to our Data
- Identifying Priorities for QI
- Implement Evidence-Based Strategies
- Monitor Progress
- Analyze Return on Investment

Download the toolkit at:

<https://www.ahrq.gov/patient-safety/settings/hospital/resource/qitool/index.html>

## The Six Domains



12

Source: <https://www.ihi.org/resources/publications>

# BALANCED SCORECARD

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## Setting Team-Based KPIs

- Relevant: Tied to Mission, Vision, Values, Goals, and/or Strategic Plan
- Actionable: Are tactics in place to perform the task or measure outcomes?
- Reasonable: Are resources available to meet KPI goals?
- QI: Will outcomes of measurements be put into the Quality Improvement plan

## Balanced Scorecard



Source: <https://www.heflo.com/blog/business-management/process-performance-metrics/>

# KEY PERFORMANCE INDICATORS

---

## Sample KPI

**Learning and Growth Perspective (Staff & Clinicians):  
Motivate, recognize and retain staff**

ACTIONS:

- Develop performance based compensation
- Develop peer recognition program
- Review/update salary/benefits to ensure competitiveness

MEASURES:

- Employee satisfaction (lag indicator)
- Turnover rate (lead indicator)

**Internal Process Perspective (Quality & Safety):  
Provide high quality services**

ACTIONS:

- Review ER patient flow process and streamline
- Review ER staffing to ensure adequacy
- Implement automated pharmaceutical dispensing

MEASURES:

- percent ER patient triaged within 15 minutes of arrival (lead indicator)
- Medication errors per dose (lag indicator)

**Customer Perspective (Patients & Community):  
Increase utilization of services**

ACTIONS:

- Implement customer service
- Implement marketing plan







MEASURES:

- Patient satisfaction in 95 percent-tile (lag indicator)
- Average daily census (lead indicator)

Source: <https://www.ruralcenter.org/sites/default/files/Final%20BSC%20Manual%2010.18F.pdf>

# OBJECTIVE KEY RESULTS

## KPIs vs OKRs: What's the Difference?

|   | Key Performance Indicators (KPIs)                     | Objectives and Key Results (OKRs)            |
|---|---|--|
| <b>WHAT</b>        | Numbers that track the operation of your business     | Action-orientated goals and measures         |
| <b>FOUNDATION</b>  | Based on past results or future goals                 | Mission-based, aspirational and directional  |
| <b>DIRECTION</b>   | Monitors the "steady-state" and benchmarks            | Audacious and bold, tied to mission          |
| <b>TRIGGERS</b>    | Actions are prompted when numbers are off track       | Actions are taken as issues arise            |
| <b>DURATION</b>    | Measured on an ongoing basis                          | Time-bound, often quarterly                  |
| <b>LIFESPAN</b>    | May be the same from quarter to quarter, year to year | Change from quarter to quarter, year to year |

What Matters



Source: <https://www.whatmatters.com/resources/difference-between-okr-kpi>

## What are OKRs?

### OBJECTIVES AND KEY RESULTS

OKRs are a management methodology which helps to ensure that your company focuses efforts on the same important issues throughout the organization.

#### OBJECTIVES

**An Objective is what you want to accomplish.**

A good Objective is significant, concrete, action-oriented and inspirational. Can be set annually or over an even longer-term.

#### KEY RESULTS

**Key Results are how you will accomplish it.**

Good Key Results are specific, timebound, aggressive yet realistic measurable and verifiable. Can be set quarterly and evolve as work progresses.

What Matters



Source: <https://www.whatmatters.com/faqs/okr-meaning-definition-example>



# TOTAL WORKER HEALTH

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## From the CDC Workbook:

“Since 2003, the National Institute for Occupational Safety and Health (NIOSH) has advocated for the integration of occupational safety and health protection with workplace efforts to promote worker health and well-being. Initial efforts were framed as the Steps to a Healthier U.S. Workforce Initiative, which later became the WorkLife Initiative. In 2011, these efforts evolved in response to partner and stakeholder input to become the NIOSH Total Worker Health (TWH) program.

A Total Worker Health approach is defined as policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness-prevention efforts to advance worker well-being.”

| <b>Element of Total Worker Health</b>                   | <b>Where we are now / What we do well</b> | <b>Where we want to be / What must be improved</b> |
|---|---|--|
| Leadership commitment to worker safety                  |   |  |
| Design work to eliminate or reduce safety hazards       |   |  |
| Ensure confidentiality and privacy of workers           |   |  |
| Integrate relevant systems to advance worker well-being |   |  |

Source: [https://www.cdc.gov/niosh/docs/2017-112/pdfs/2017\\_112.pdf?id=10.26616/NIOSH PUB2017112&id=10.26616/NIOSH PUB2017112](https://www.cdc.gov/niosh/docs/2017-112/pdfs/2017_112.pdf?id=10.26616/NIOSH PUB2017112&id=10.26616/NIOSH PUB2017112)

# WELLNESS ASSESSMENTS

## WellBQ

The National Institute for Occupational Safety and Health (NIOSH) Worker Well-Being Questionnaire (WellBQ) is a national standardized instrument to assess the workplace experience, culture, environment, and health status.



Source:

<https://www.cdc.gov/niosh/twh/wellbq/default.html>

Download the WellBQ instrument at:  
<https://www.cdc.gov/niosh/docs/2021-110/>

- The instrument will take about 15 minutes to complete
- Responses should be kept anonymous
- Consent may be required for human subject research
- Be transparent about who will see the results and how the results will be utilized

## Healthy Work Survey

Under the Center for Social Epidemiology, the Healthy Work Campaign hosts the Healthy Work Survey to identify workplaces stressors that affect health and safety. The survey can be completed as an individual or sent out through the employer.

- High Job Demands
- Low Job Control
- Workplace Social Support
- Work-Family Conflict
- Low Rewards
- Poor Safety Climate

Access the tool at:

<https://www.healthywork.org/healthy-work-survey/>



# SUPPORT TEAM WELLNESS

**Our leadership teams have vital roles in modeling wellness for their entire team.**

## 8 Ways Managers Can Support Employees' Mental Health



Check out the full article in *Harvard Business Review* | [bit.ly/hbr-8ways](https://bit.ly/hbr-8ways)

|   |   |  |   |
|---|---|--|---|
| <p><b>Be vulnerable</b><br/>Normalize the experience of mental health.</p>                            | <p><b>Model healthy behaviors</b><br/>to normalize self-care.</p>             | <p><b>Proactively check in</b><br/>Go beyond "How are you?":</p>               | <p><b>Encourage flexibility</b><br/>to help employees work at their best.</p> |
| <p><b>Communicate</b><br/>organizational changes, expectations, and resources that are available.</p> | <p><b>Modify policies &amp; practices</b><br/>(e.g., PTO, flexible hours)</p> | <p><b>Invest in training</b><br/>for managers, leaders, and all employees.</p> | <p><b>Measure</b><br/>to ensure accountability and inform initiatives.</p>    |



Mind Share Partners is a nonprofit changing the culture of workplace mental health so that both employees and organizations can thrive.

[www.mindsharepartners.org/mentalhealthtraining](https://www.mindsharepartners.org/mentalhealthtraining)








Source: <https://hbr.org/2020/08/8-ways-managers-can-support-employees-mental-health?fbclid=IwAR1q8-AIXwHwsm-z7fWiMPm2yLoRI8plBahPvE-4 -xvUJ7P99K2fWd7K7l>

# WORKPLACE APPRECIATION

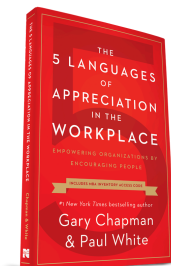
**Reminder: Each member on your team will have a different method of giving and receiving appreciation in the workplace.**

**Languages of  
Appreciation at Work™**

**Quick Reference for Languages of Appreciation**

-  **Words of Affirmation:** leave a note or tell them a specific trait that you value in them
-  **Quality Time:** give your focused attention for a period of time to check in or just hang out
-  **Acts of Service:** say “I have 10 (or more) minutes, how can I help in that time?”
-  **Tangible Gifts:** buy them their favorite drink or snack, or a little something they would like
-  **Physical Touch:** give a celebratory high five or fist bump, or a congratulatory hand shake

Source: <https://www.appreciationatwork.com/wp-content/uploads/2018/11/quick-reference.jpg>



Chapman G. D. & White P. E. (2011). The 5 languages of appreciation in the workplace: empowering organizations by encouraging people. Northfield Pub.

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