

Dimensions of Teamwork (DTEAM) GAIN 2014 Survey

Regional Final Report

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Introduction

The 2013 GAIN Formative Evaluation Report¹ identified the need for ongoing assessment of collaborative practice health. Although teamwork is considered to be a “central element in providing care for frail elders... simply putting people together to work does not necessarily produce effective teamwork.”²

For these same reasons the RGP of Toronto recommends annual reviews of team culture – using a standardized measurement tool – as part of regular monitoring and quality improvement. The Dimensions of Teamwork Survey (DTEAM) for this purpose.

The DTEAM Survey provides a measure of team member perceptions of teamwork among various geriatric care teams. This standardized tool was developed by Dr. David Ryan for the Regional Geriatric Program (RGP) of Toronto for use among clinical care teams as part of regular reviews of team culture. Survey findings can be used to facilitate and target ongoing collaborative practice development.

Literature Review

Canadian research on interprofessional practice models demonstrates the marked benefits of these collaborative team models, particularly in improving clinical efficiency, quality of care, client outcomes, job satisfaction, and staff retention.³ This research also clearly asserts that these observed benefits are wholly dependent on effective teamwork practices, and specifically: (1) continuous communication; (2) respect and trust between team members; (3) clear understanding of other team members’ roles and responsibilities; (4) continuous educational development; and (5) continuous development and maintenance of partnerships.⁴

Further, expansion of teams into network models across multiple settings poses additional challenges that teams must address in order to ensure continued effectiveness and quality. For example, there are many known organizational barriers that challenge a team’s ability to maintain effective collaborative practice within a system, namely complications associated with multiple service settings (e.g. policies, procedures, communication, coordination, and etc.).⁵ Rousseau, Aubé and Savoie (2006) further argue that for teams where there is a high-degree of task-interdependence (e.g. interprofessional completion of a comprehensive geriatric assessment [CGA]), there is a greater need for teamwork compared to teams where tasks are not interdependent. This means that assessment and monitoring of collaborative practice health is increasingly important to ensure clinical quality and effectiveness of services.

There are numerous conceptual models of teamwork⁶ in the existing literature, spanning various business and clinical sub-disciplines. Salas, Burke and Cannon-Bowers (2000) provide a useful definition of teamwork, as “a set of two or more individuals interacting adaptively, interdependently and dynamically towards a common and valued goal,” (p. 341) with each team member participating in that goal-setting and goal-achievement through their individual role functions. The dynamics of how this teamwork happens is complex, involving multiple processes, and effectiveness of this teamwork therefore requires various team-member competencies.

Consequently, teamwork function can be conceptualized as a multidimensional construct involving skills, attitudes, and behaviours.⁷ Not surprisingly, there is considerable variation on how these dimensions are understood and measured. For example, Silas and colleagues (2000) subscribe to a conceptual model comprised of eight skill dimensions of teamwork applicable to most teams: adaptability, shared situational awareness, performance monitoring and feedback, leadership/team management, interpersonal relations,

¹ Hawkins, 2013

² Ryan, 2012

³ Byrnes et al., 2012; Schroder et al., 2011

⁴ Ibid

⁵ Byrnes et al., 2012

⁶ For an extensive overview of different conceptual models of teamwork behaviours, please see Rousseau et al. (2006).

⁷ Salas et al., 2000

co-ordination, communication, and decision-making. In contrast, other conceptual models involve behavioural dimensions.

Other researchers focus on teamwork as a set of distinct behaviours. For example, Risser et al. (1999) employed a teamwork behavioural model that included five dimensions: (1) maintain team structure and climate; (2) apply problem solving strategies; (3) communicate with the team; (4) execute plans and manage workload; and (5) improve team skill. Loughry, Ohland and Moore (2007) also defined teamwork as a set of behaviours, which included five dimensions that could be measured using a standardized survey instrument. This instrument was constructed and tested based on these five behavioural dimensions: (1) contributing to the team's work; (2) interacting with teammates; (3) keeping the team on track; (4) expecting quality; and (5) having relevant knowledge, skills, and abilities.

The commonalities between these various conceptual models are not surprising. However, measuring teamwork effectiveness among an interprofessional, collaborative practice team is problematic using these particular models, as they do not explicitly take into account the added complexity of working within an integrated system of care. With this additional layer of teamwork complexity, the potential for disparate levels of function at inter-team and intra-team levels becomes an ever-present possibility. For these reasons, measurement of teamwork was done using the Dimensions of Teamwork (DTEAM) Survey instrument,⁸ a validated psychometric tool that was designed using social network and systems theories to examine teamwork function across systems and within networks (in addition to individual team function).

Methods

Purpose

The DTEAM tool was used to measure and monitor the current status of GAIN teamwork across the network, in a deliberate effort to promote continual development of advanced collaborative practice. The DTEAM tool was identified as an appropriate means to explicitly identify teamwork strengths and weakness in order to enable continual interprofessional development.

Methods

The DTEAM survey is comprised of 56 statements about interprofessional teamwork, whereby the respondent indicates positive agreement on a scale of 1 to 6. Each statement is associated with a different sub-scale that measures one of seven dimensions of teamwork. These seven dimensions include:

- 1) *Customer and inter-team issues* - Items sample the extent to which team-members incorporate customer and inter-team issues into their work.
- 2) *Team-member knowledge and skills* - Items sample team member's perceptions that the team has the basic skills and knowledge necessary for its work.
- 3) *Communication and conflict management skills* - Items sample member's perceptions of the team's ability to communicate and resolve conflict effectively.
- 4) *Team roles and interdependence* - Items sample member's perceptions that roles are understood and that the team is capable of interdisciplinary functioning.
- 5) *Clarity of team goals* - Items sample members perceptions that team goals are clear, stable, and understood by all.
- 6) *Decision-making and leadership* - Items sample member's perceptions of the team's decision-making skills and facility for developing leadership skills.
- 7) *Organizational support* - Items sample member's perceptions of support for their team from the organization as a whole.

The DTEAM tool has undergone various psychometric testing, including various tests of internal consistency, validity, and reliability.⁹ Ongoing use of the tool and sharing of coded data from across the

⁸ Ryan & Cott (1994)

⁹ Ibid

province continues to support ongoing psychometric testing, and contribute to a body of evidence demonstrating the strength and utility of the tool in specialized geriatric practice.

In addition to the standardized DTEAM survey instrument, the GAIN Team Leads included an additional set of open-ended, survey questions related to the collaborative leadership model that that was recently implemented with the four established GAIN Teams (i.e. Peterborough Regional Health Centre, Lakeridge Health Oshawa, Rouge Valley Health System Centenary, and The Scarborough Hospital General). These additional collaborative leadership questions were developed by the Team Leads for this project, and underwent a series of revisions following review and feedback.

The additional set of collaborative leadership questions were included as a separate section in the overall survey (i.e. following the questions that comprised the DTEAM instrument). Both components (i.e. DTEAM and Collaborative Leadership) were included in a web-based survey format using Survey Monkey.

Sample

A purposive sample was used, and the survey was distributed to Geriatric Assessment and Intervention Network (GAIN) team members. Seventy-three ($n=73$) team members completed the survey. At the time of the survey, there were ~84 GAIN staff members across the network. This represents a response rate of ~87%.

Of the persons who responded, ~78% identified their role with the team as being primarily clinical, compared with ~22% who identified as primarily administrative. Approximately 38% of respondents were from Hospital GAIN teams, and ~62% were from new community GAIN teams. In the space of this analysis, hospital and community were used as proxy indicators of advanced/established teams, and novice/developing teams.

Procedure

The survey was distributed to all ten GAIN Teams ($n=10$)¹⁰ in the Central East Local Health Integration Network (CE LHIN). A link to the survey and completion instructions were emailed to each of the GAIN Teams on September 11, 2014 immediately following the monthly GAIN Operations Committee Meeting.

Respondents are asked to identify which GAIN Team they belonged to, in order to provide team-specific results. Stacey Hawkins (Seniors Care Network) compiled the results and facilitated preliminary analysis, in conjunction with the tool's creator, Dr. David Ryan (RGP Toronto). Data was cleaned, stripped of identifiers, coded, and shared back to the RGP of Toronto. Hawkins and Ryan met to discuss the findings, and Ryan provided recommendations for further analysis and interpretation.

Analysis

The completed survey data was compiled and transferred into two Excel spreadsheets. DTEAM data was compiled, cleaned, and reverse-scored (where required) using Excel. Identifiers were replaced with pseudonyms or removed.

DTEAM data was scored and analysed using SPSS (a statistical analysis software package). ANOVA was used to test for differences in subscale means between the GAIN teams. An independent sample *t*-test was used to test for between-group differences in subscale means for: (1) administrative and clinical roles; and (2) hospital and community teams (i.e. advanced and novice teams).

Response data from the Collaborative Leadership questions were compiled in Excel, and analysed in NVivo 10 (a qualitative analysis software package) using conventional thematic analysis. Emerging themes are presented below.

¹⁰ Note: At the time of the survey, there were ten GAIN teams. This does not include the recently constituted teams at Campbellford and Haliburton. Also, some of the newly approved teams were still in the process of hiring, and were not fully operational. However, all ten teams were currently seeing clients.

Findings

DTEAM Survey

Regional Findings

Team members' responses to the Dimensions of Teamwork Survey suggest that overall team performance across the network is quite high. Subscale means for the region can be seen in **Table 1** (see Appendix 1). At a regional level, the highest and lowest indicators (i.e. subscale items) of teamwork were as follows:

- 1) Patient and interteam (mean subscale score =36.46)
 - High - Item 7: We always try to remember that our customers include both clients and the people who assist them in the community (5.58)
 - Low - Item 2: We can develop our services without any advice from people outside of the team (3.18)
- 2) Team member knowledge and skills (mean subscale score = 39.85)
 - High – Item 1: People know how to get things done on this team (5.4)
 - Low – Item 8: People just don't seem to adjust to change on this team (reversed) (4.23)
- 3) Communication and conflict (mean subscale score = 38.75)
 - High – Item 1: People really listen to one another (5.18)
 - Low – Item 2: On this team speaking your mind creates problems more often than not (4.62)
- 4) Team roles and interdependence (mean subscale score = 37.41)
 - High – Item 1: People share their knowledge and skills easily (5.32)
 - Low – Item 6: Although no one says it, sometimes it hard to get help with things because people feel that is not their job (3.95)
- 5) Clarity of team goals (mean subscale score = 38.9)
 - High – Item 7: When we have team meetings we always have a clear agenda (5.17)
 - Low – Item 8: We have no way of knowing whether we have achieved our goals or not (negative) (4.54)
- 6) Decisions and Leadership (mean subscale score = 39.14)
 - High - Item 7: All team members are responsible for the care out patients receive (5.42)
 - Low – Item 3: I've always felt that I am able to influence the way this team makes decisions. (4.57)

Overall, the greatest teamwork strengths were observed in the domains of: (1) team-member strengths and skills; and (2) decision-making and leadership skills (see Table 1; max. possible subscale score=48). There is extensive confidence in the team's ability to "get things done," and to embody responsibility over the care clients receive.

Lower ratings of teamwork across the network were observed in the domains of: (1) organizational support; and (2) customer and inter-team issues. For example, negative indicators of teamwork included: (1) feeling that if a team were disbanded, the host/home-organization would not feel the loss of the team; and (2) feeling that an individual team could develop their services without assistance from the rest of the network. It should be noted that the lower ratings of customer and inter-team issues were driven almost entirely by negative ratings of inter-team issues, and not customer (i.e. client) issues (which were quite high). This, coupled with the cumulative network analysis demonstrates an opportunity for developing cross-network collaboration and knowledge exchange, as well as individual team capacity building within their host/home-organization. Interestingly, the strongest teamwork domains are also key enablers of developing cross-team collaboration (i.e. team-to-team), and inter-team collaboration (i.e. within the team and within the host-organization).

Team Comparisons

Not surprisingly, analysis of individual teams revealed considerable variation in both combined subscale means and individual subscale means for each DTEAM domain. **Table 2** shows combined subscale means for each GAIN Team.¹¹ As this table demonstrates, there were some notable differences in overall team function between different teams, some of which likely represents earlier stages of team development. There were significant differences (95% CI) in subscale means between the GAIN teams in: (1) skills and knowledge ($F(9,63)=5.99, p<.001$); (2) communication and conflict ($F(9,63)=7.40, p<.001$); (3) roles and interdependence ($F(9,63)=4.89, p<.001$); (4) goal clarity ($F(9,63)=2.95, p<.01$); and (5) organizational support ($F(9,63)=3.49, p<.01$). Comparisons of individual teams on each of the subscales can be seen in **Tables 3 to 9**.

Based on the observed variability between teams, individual team reporting, reflection, and development of customized team-building strategies should be prioritized before general, network-level, team-building strategies are developed. Further, repeating the DTEAM survey annually would enable tracking of teamwork progress across the GAIN Network, which could become an important measure of quality.

Hospital and Community as a Proxy for Advanced and Novice Teams

Some of the variations in teamwork between teams may be largely reflective of the different maturity levels of each team, with more mature teams reporting higher levels of teamwork, and newer, developing teams reporting lower levels of teamwork. This is not surprising considering mastery of interprofessional, geriatric competencies requires both education and skills development, supported by ongoing skills application and experience in an appropriate practice setting. Table 10 demonstrates the magnitude of these differences on all subscales between more advanced and developing GAIN teams.

Hospital (advanced teams) reported greater teamwork on all dimensions, with the exception of the subscale measuring organizational support (see Table 11). Hospital teams reported significantly greater levels of teamwork (sig. 2-tailed; equal variances assumed; 95% CI) in the following dimensions: (1) skills and knowledge ($t(71)=3.55, p<.001$); (2) communication and conflict ($t(71)=3.45, p<.001$); (3) roles and interdependence ($t(71)=3.61, p<.001$); and (4) goal clarity ($t(71)=2.95, p<.01$).

Community (novice) teams consistently reported greater organizational support (although the difference was not statistically significant). Novice teams consistently reported lower levels of teamwork in the other DTEAM domains. This suggests that newly developing teams will require ongoing support from the rest of the network (e.g. via mentorship, team-building, and etc.) in order to reduce this variability.

Administrative and Clinical Roles

While there were significant differences in ratings of team members' skills between advanced and novice teams, comparison of administrative and clinical perspectives also suggests some variation. Findings suggest that administrators over-estimate the level of team function and team-work skills compared to clinicians (e.g. see Table 12).¹² This observation can be seen across all 7 domains of teamwork. These differences were significant (sig. 2-tailed; equal variances assumed; 95% CI) for: (1) patient and inter-team ($t(71)=2.95, p<.01$); and (2) goal clarity ($t(71)=2.28, p<.05$). This suggests that all teams (even those with higher-comparable teamwork scores) might benefit from additional interprofessional skill sets, which might be achieved through targeted team-development activities that include both clinicians and management staff.

Shared Leadership Questions

The respondents were asked to respond to four questions associated with a shared leadership model of interprofessional, collaborative practice. Findings are presented thematically.

¹¹ Organization names have been replaced with pseudonyms in the Tables. H=Hospital; C=Community.

¹² Overestimation and underestimation of skills/performance between leadership and staff is a commonly observed effect discussed extensively in the literature on systems theory. This incongruent effect is a component of the leader-member exchange theory, and has been observed across multiple types of systems (including health systems).

Perceptions of a Collaborative Leadership Model

Respondents were asked to describe what an effective collaborative leadership model would look for their individual GAIN team. Five distinct thematic elements of shared leadership models were discussed.

1) Shared Leadership as ‘Passing the Baton’ (Relay)

Respondents linked shared leadership directly to professional care practices. Specifically, shared leadership was described as individual team members completing assessment and care planning activities as it pertained to their professional practice, and then proceeding to ‘pass the baton’ to their colleagues to continue with their element of the care process. In this ‘relay’ approach, the leadership role was directly equated with being the lead care provider, which was transferred between providers through the course of care.

2) Shared Leadership as “Covering Off” Other Professional Skills and Team Responsibilities as Needed

Team members described that shared leadership meant being able to “cover off” some of the duties/skills of other team members when required. This was directly connected to continuity of care for the client, meaning that team members possess additional professional skill-sets in order to take the lead on the majority of an assessment activities, thereby minimizing the number of providers participating. This theme of “covering off” was also described in relation to administrative and regional responsibilities.

3) Shared Leadership as Team Care Conferencing and Planning

Team members described shared leadership as working together in direct care discussions and planning activities, whereby members (including the client and their families/caregivers) strategize together in health care decision-making. This included sitting-down together, face-to-face, to promote client goal-setting. The effectiveness of this process of conferencing was seen as an indicator of teamwork function, and shared leadership in particular.

4) Shared Leadership as Cross-Professional Understanding, Respect and Communication

This involved team members knowing their colleagues’ roles, skills, and capabilities as both clinical professionals, but also as individual persons (i.e. their character). Functioning effectively in a teamwork environment seemed to extend beyond this cross-professional understanding, and included show respect for their colleagues both during clinical care, but also during interprofessional communications. Several persons highlighted the importance of each team member being given equal respect during team discussions. Team members also described how each team member was responsible for ensuring other team members were given a chance to speak, be heard, and contribute to discussions. Further, respondents stated that a testament to this model could be demonstrated in a team’s ability to seamlessly engage any member of the team in regional discussions, without fear of miscommunication or misrepresentation.

5) No Shared Leadership and/or Hierarchical Leadership (Dictated)

Team members expressed not needing a leadership model, or no explicit leadership model in order to function as a team; this was typically expressed alongside a perceived lack of value in a shared leadership model in GAIN. Further, several respondents described a preference/need for a hierarchical leadership model whereby the team takes direction from a designated manager, the GAIN Design Team, GAIN Operations Committee, or at the network/system level.

Sustaining a Culture of Interprofessional Collaboration During Network Growth

Respondents were asked to identify what was needed to sustain a culture of collaboration in GAIN. Several enabling factors were identified, and included:

- 1) clear referral and intake processes/pathways
- 2) clear role descriptions
- 3) appropriate clinical supervision
- 4) continuing professional and interprofessional development
- 5) frequent team rounding (e.g. daily rounding)
- 6) team goal-setting
- 7) positive reinforcement and

- 8) strong centralized leadership and direction from GAIN Regional Offices, Seniors Care Network, and the LHIN
- 9) standardized team orientation/initial training (e.g. interprofessional model, shadowing, etc.)
- 10) regional quality assurance methodology
- 11) communities of practice
- 12) development of teamwork skills
- 13) shared philosophy of care
- 14) performance monitoring and evaluation (particularly outcome evaluation)

Enablers of Effective Collaboration Across Network Teams

Respondents were asked to identify key enablers to effective collaboration across network teams. Interestingly, many of the enabling factors of collaboration for the individual team (listed above), were also mentioned in relation to cross-team collaboration. Key enablers of cross-team collaboration included:

- 1) communication (including cross-regional)
- 2) collaborative leadership
- 3) participation of senior management
- 4) regional meetings (particularly face-to-face)
- 5) cross-team networking
- 6) knowledge-sharing and knowledge-transfer opportunities
- 7) education and skills development opportunities and funding
- 8) team shadowing and mentoring opportunities
- 9) respect for other teams and other professions
- 10) optimal staffing models (i.e. staffing mix matched to need)
- 11) regional goals, standards, and policies

Other Comments

Respondents included several additional comments associated with the shared leadership portion of the survey. Constructive feedback included feelings that the survey was premature, as they were so early in the team development process. Several participants stated concerns associated with their individual team management structures, and the potential barriers this posed to implementing the GAIN model of care. Two persons stated that they did not see a point to the survey.

In contrast, several respondents indicated that they were pleased to see teamwork function (and the survey in particular) was being used. Several persons stated their desire to participate the continued development and standardization of the GAIN Network as part of a larger, coordinated approach to specialized geriatric services. Most of the respondents were optimistic, stating that they recognized their development was an ongoing process, and that they were growing – as a team – every day. Many described feelings of pride in being part of their GAIN Team, and pride in being able to participate in the development of specialized programming in the region of the CE LHIN.

Conclusions

Findings suggest considerable variation in team functioning between teams. This highlights the need for site-specific feedback provided to each team for consideration as part of continual interprofessional team development. Some teams are functioning well in an interprofessional, team context; their teamwork development needs are consequently low. Rather, their focus for the upcoming year would be to maintain their current level of functioning. In contrast, there are some teams that are newly developing and would benefit from some individualized team development discussions and goal-setting with the assistance of the GAIN Regional Offices. The findings suggest that newly developing teams will require greater teamwork development in the upcoming year.

Secondly, there are some clear deficiencies in organizational support among the original four GAIN Teams, and significant differences between administrative and clinical team members. This highlights a need for GAIN Regional Offices to focus on relationship development work with those four teams and their host organizations. GAIN teams that scored highly on organizational support – primarily those newer teams – might be able to provide some insight and strategic direction on team development in this area.

The data points to a need for inclusion of managerial and administrative participation in these team development activities.

Thirdly, findings from the shared leadership questions demonstrate that there are considerable differences in what shared leadership – as a model – represents, and how this model can be realized in a network and systems context. Realization of a shared leadership model of GAIN will require a standardize, shared vision and philosophy of what leadership represents within an interprofessional, collaborative context, and how this is expressed during service processes (e.g. clinical assessment, reporting, committee participation, and etc.).

Lastly, as the Network continues to grow, monitoring progress in team development will become increasingly important to monitor. The findings from this report (particularly the variation between teams in various dimensions of teamwork) suggest that teamwork development and standardization across the network should be linked to a broader quality improvement strategy. Annual measurement of teamwork using the DTEAM survey tool will allow teams to set goals, develop strategic approaches to development, and monitor progress in interprofessional team development.

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APPENDIX A: Tables & Figures

FIGURE 1: REGIONAL SUBSCALE MEANS

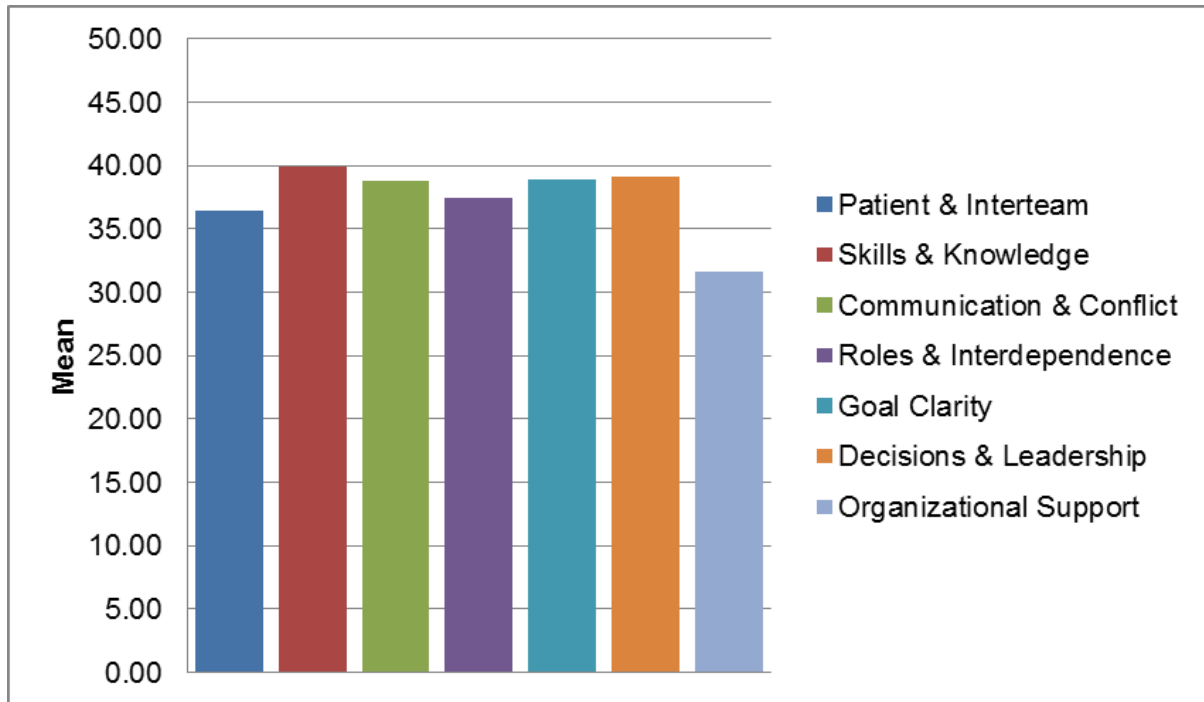


FIGURE 2: MEANS OF COMBINED SUBSCALES BY TEAM

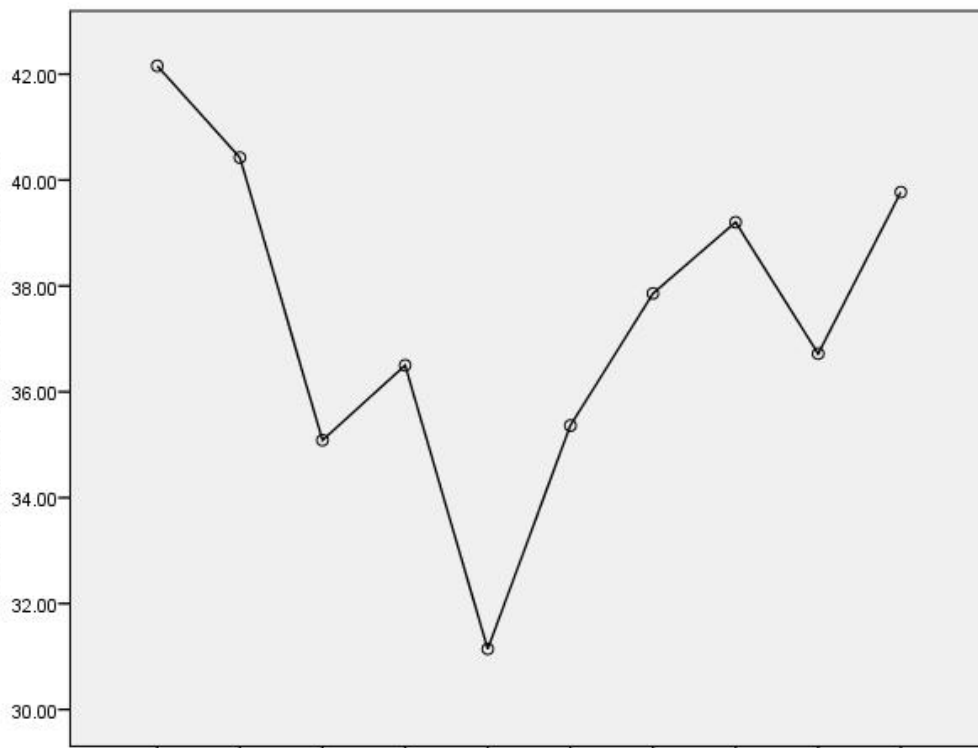


FIGURE 3: PATIENT & INTER-TEAM

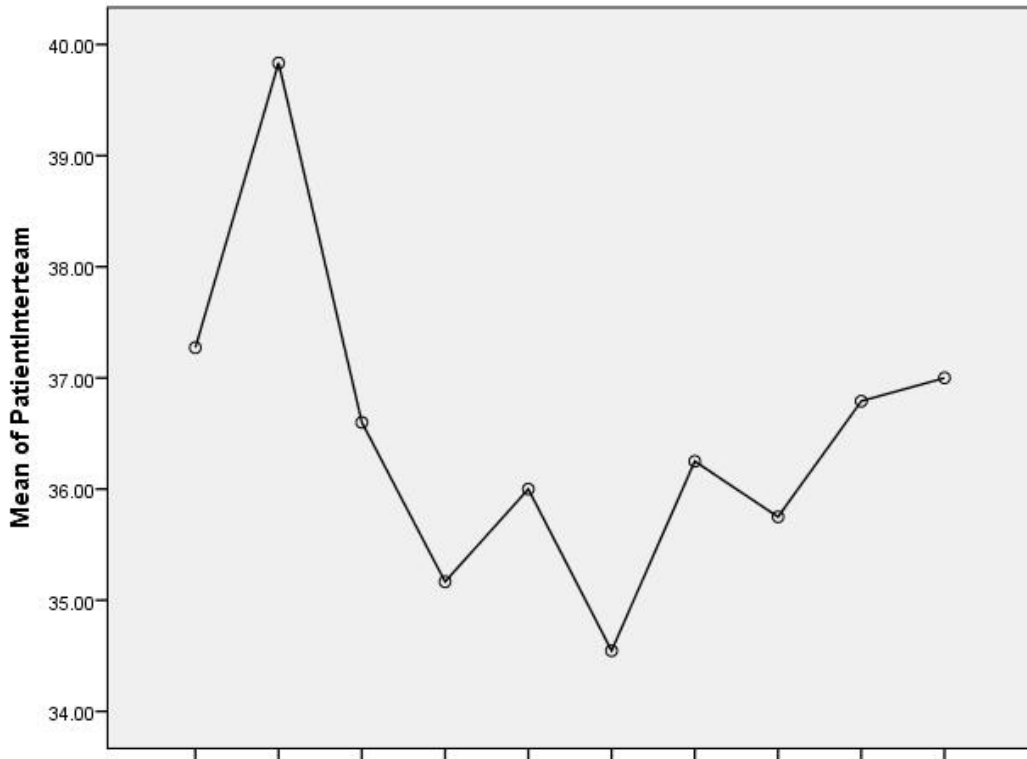


FIGURE 4: ROLES & INTERDEPENDENCE

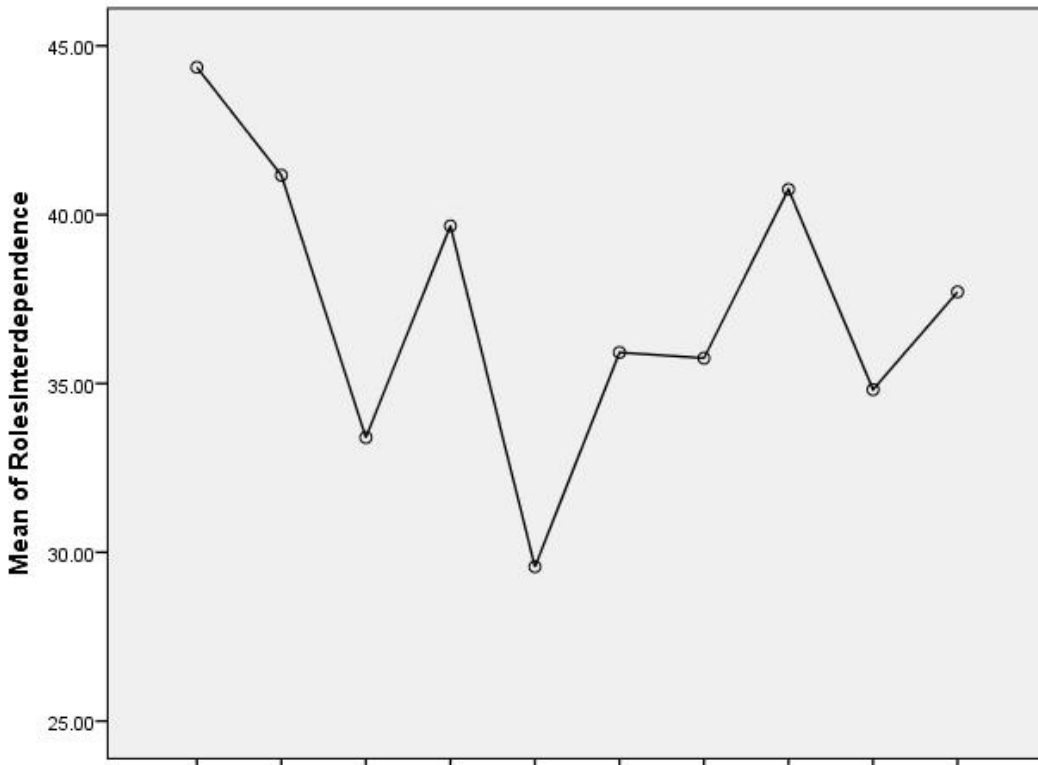


FIGURE 5: COMMUNICATION & CONFLICT

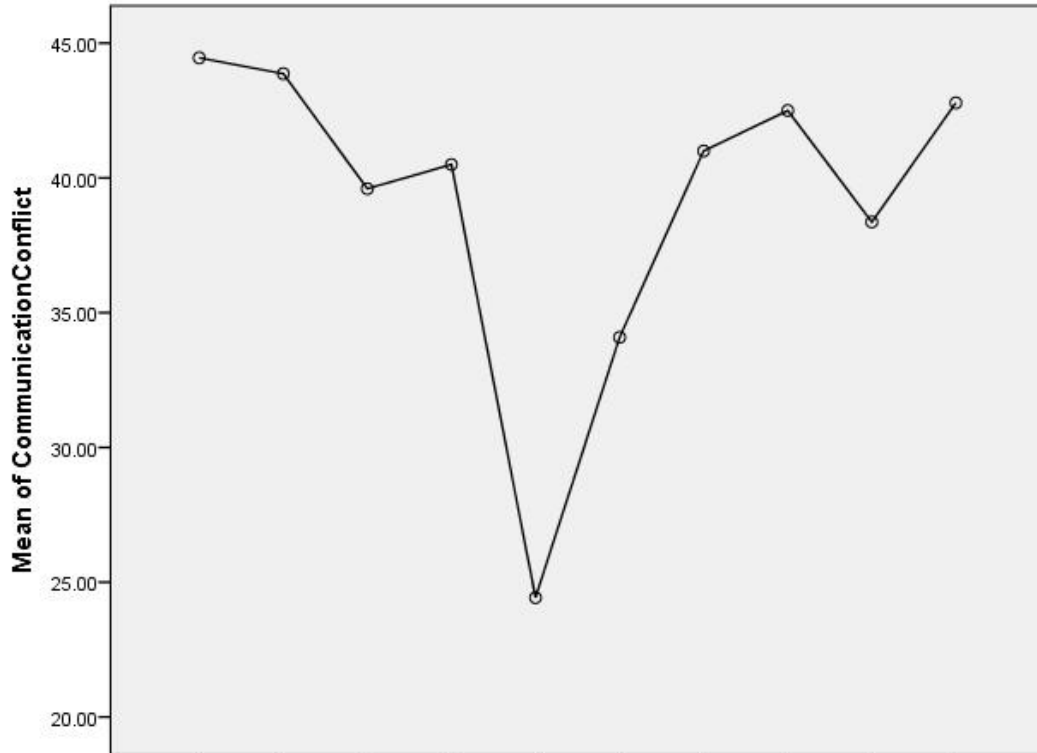
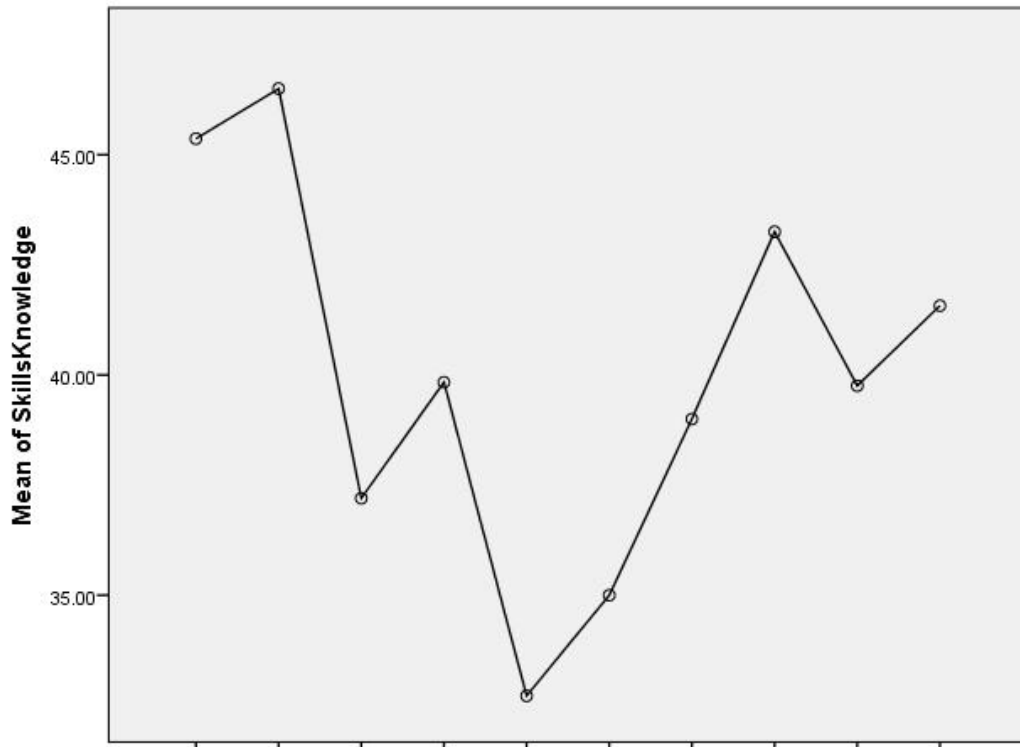


FIGURE 6: SKILLS & KNOWLEDGE



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FIGURE 7: CLARITY OF TEAM GOALS

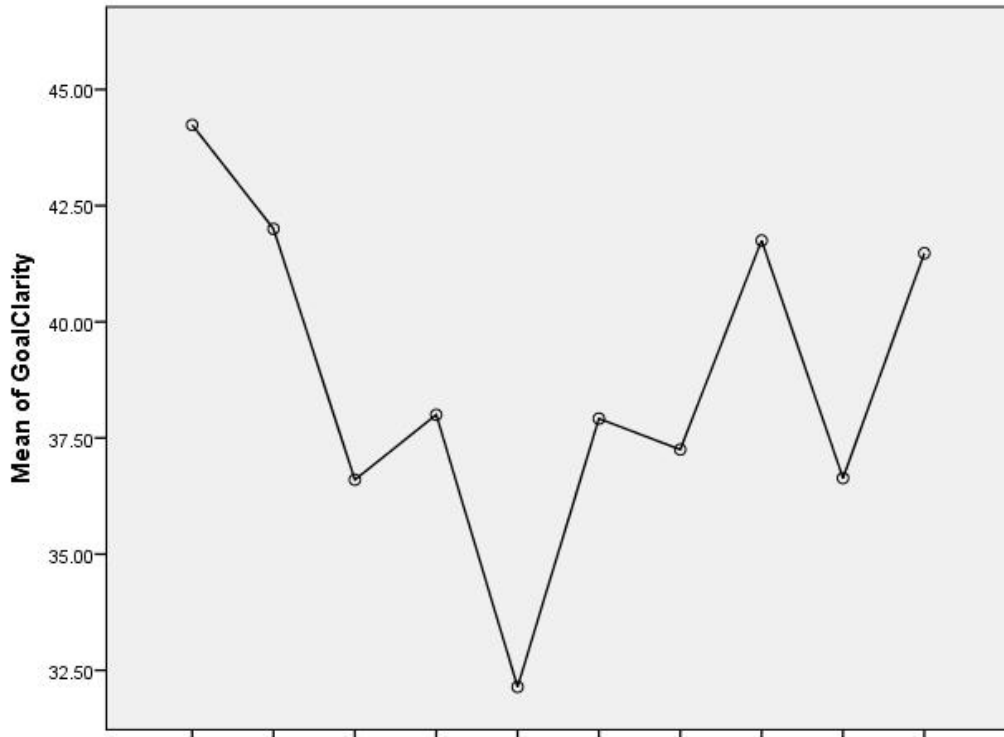


FIGURE 8: DECISIONS, AUTHORITY & ACCOUNTABILITY

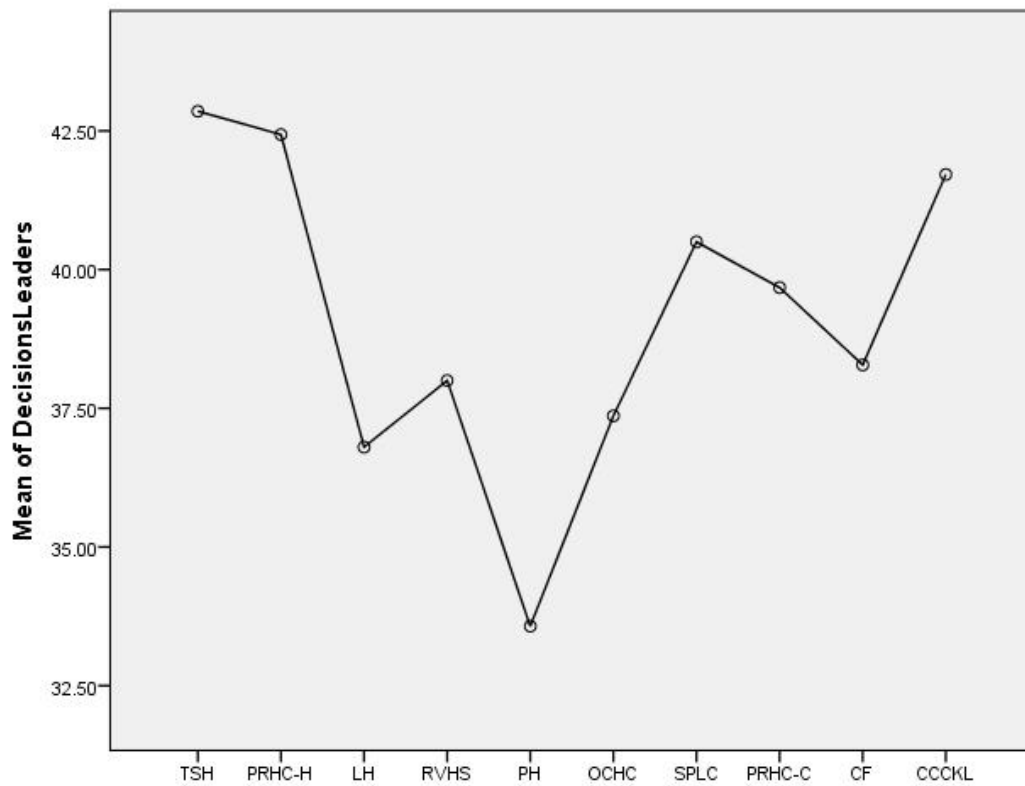


FIGURE 9: ORGANIZATIONAL SUPPORT

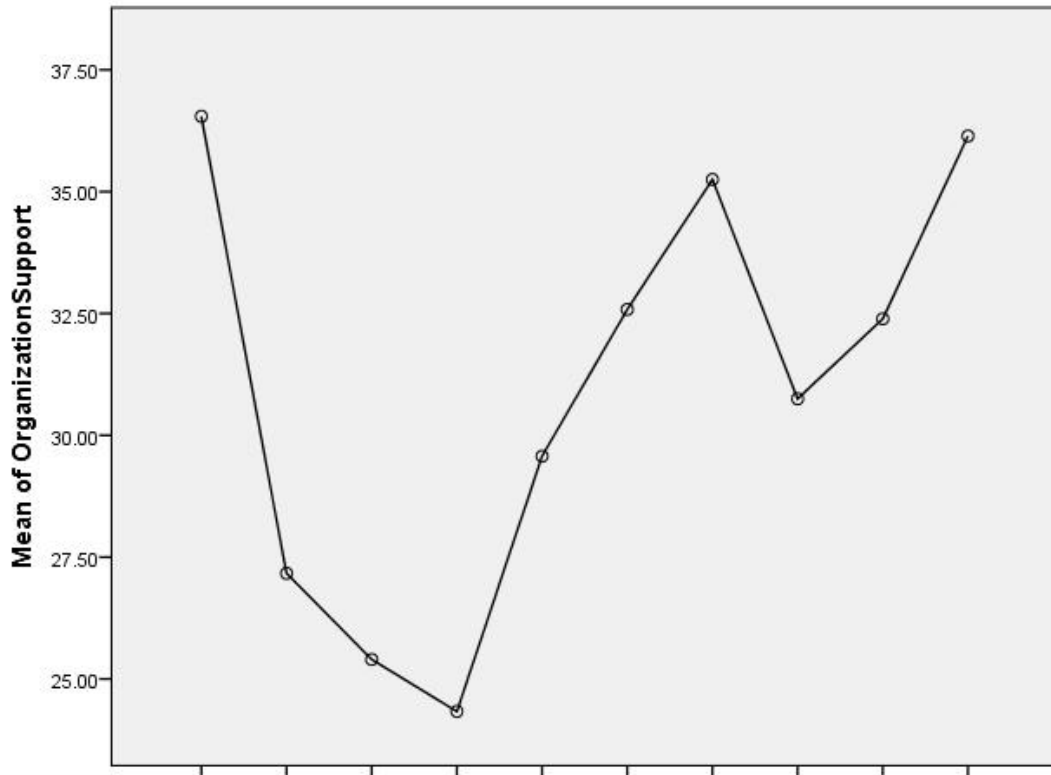


FIGURE 10: SUBSCALE MEANS BY HOSPITAL & COMMUNITY

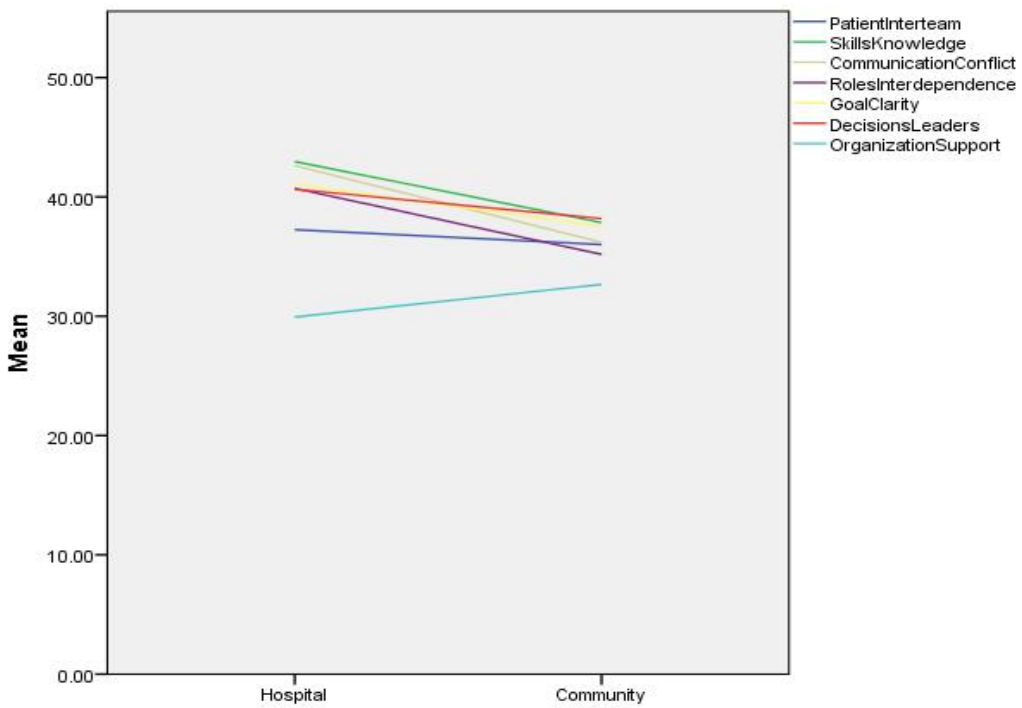


FIGURE 11: SUBSCALE MEAN OF ORGANIZATIONAL SUPPORT BY HOSPITAL & COMMUNITY

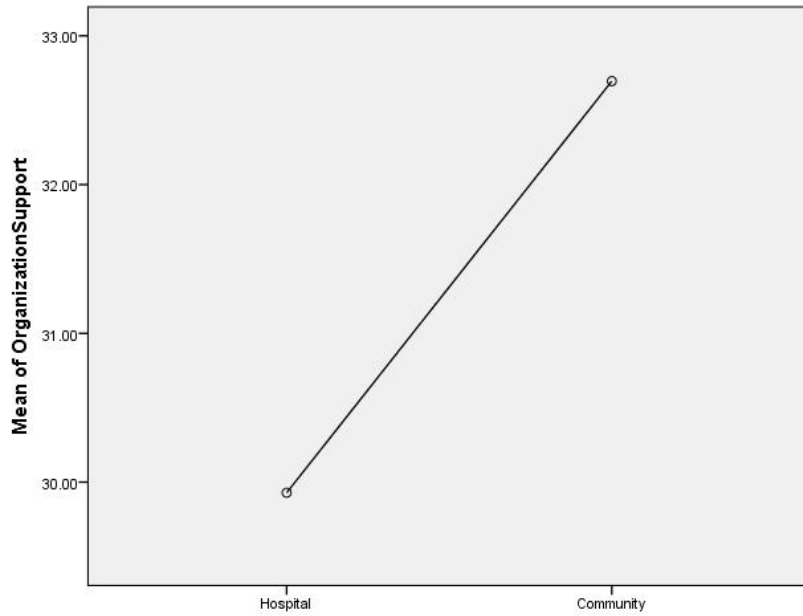
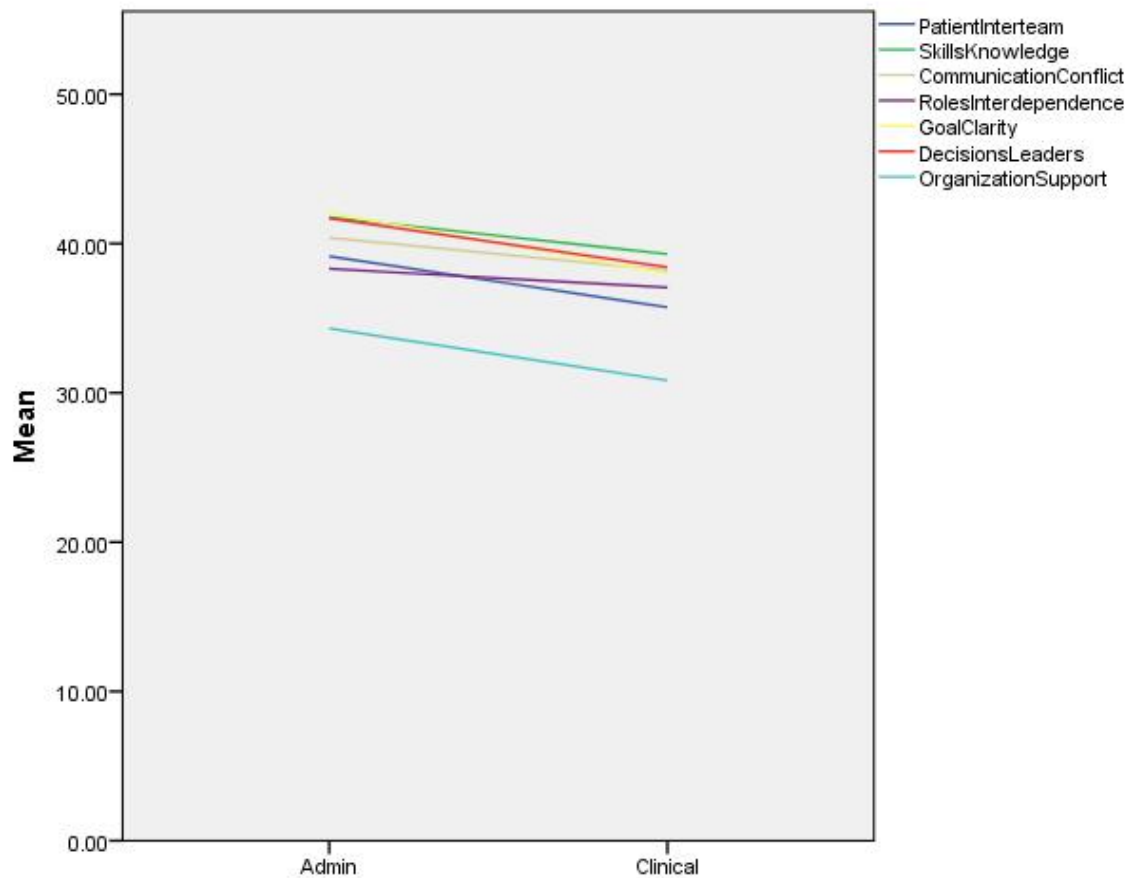


FIGURE 12: SUBSCALE MEANS BY ADMINISTRATIVE & CLINICAL ROLES



APPENDIX B: DTEAM Survey (Combined)

GAIN - Dimensions of Teamwork Survey (DTEAM)

Introduction

The Dimensions of Teamwork Survey (DTEAM) provides a measure of team member perceptions of teamwork among health care teams. This standardized tool was developed by the RGP of Toronto for use among clinical care teams as part of regular reviews of team culture.

The survey is primarily comprised of 56 statements about teamwork. Think about each statement as it relates to your team. Then, rate each statement using the scale provided. Please be as open and candid as you can. Your responses are completely confidential and your participation is voluntary.

You will be asked to identify which team you belong to. This information will be used to provide site-specific feedback to your GAIN team for the purposes of continual interprofessional team development.

***In what Local Health Integration Network (LHIN) does your GAIN team practice? (e.g. "Central East")**

Central East

***What is the name of your team? (select only one)**

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***Please rate each of the following statements using the scale provided.**

	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
1. We regularly examine our patient's satisfaction with our work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. People on the team share their knowledge and skills easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. People really listen to one another on this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. People know how to get things done on this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. This team's overall goals and objectives are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. This team can make good decisions in difficult situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I can always get the resources I need to carry out my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. We can develop our services without any advice from people outside of the team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. On this team, people develop their own care-plans independent of everyone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. On this team, speaking your mind creates more problems than not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. We lack some important skills and knowledge on this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. This team does little planning and has no "game plan" for the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I often don't understand how this team makes the decisions it does.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My workload is so heavy that it is impossible to complete it during an ordinary work day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
15. Our team always works hard to maintain constructive relationships with other teams involved with our patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. On this team, we understand each other's roles and are able to be flexible and creative with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. When problems arise we are always able to talk things through.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Everyone on this team knows what is needed to make the team work well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Everyone knows the goals we have for each patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I have always felt that I am able to influence the way this team makes decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The organization seems to really understand the kind of work we have to do in this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. We seldom allow our patients or their families to decide what assessments and interventions are needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. On this team, roles are "carved in stone" and you had better not try to change them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. People don't really know each other very well on this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. On this team, few people know how to run a meeting efficiently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. We are always changing our priorities on this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I have too little authority to carry out the responsibilities that are assigned to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I am concerned because too often the amount of work I have to do interferes with the quality of care I can provide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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***Please rate each of the following statements using the scale provided.**

	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
29. The family members of our patients are often just like team members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Members of this team coordinate their efforts well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. When conflicts arise, team members negotiate solutions easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. People on this team have lots of experience in our type of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. The goal of continuous quality improvement is understood by everyone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Ability, not politics determines whether someone is the leader of this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. The organization shows its appreciation for work well done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Too often, we seem to have to compete rather than cooperate with other health care teams and organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Although no one says it, sometimes it is hard to get help with things because people feel that "it's not my job".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Conflict on this team is left to "smoulder" and get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Most team members have been trained only in their technical discipline.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. We seldom examine what the team does, how it works and how to improve it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. It is often unclear who has authority on this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. If problems arise that require assistance from "higher up", there is little likelihood of getting timely help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You are now at the midpoint of the survey.

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***Please rate each of the following statements using the scale provided.**

	Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
43. We always try to remember that our customers include both our patients and the people who assist them in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. People collaborate rather than compete with each other on this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. People on this team are always frank and open with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Everyone on this team is highly skilled and confident in their abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. When we have team meetings we always have a clear agenda.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. All team members are accountable for the care our patients receive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. I think this team has a lot of influence at higher levels of the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. We seldom get to know the people working on other teams, even those within our organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. If a team member is away from work due to illness or whatever, their part of the team's work just doesn't get done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. There are always cliques and political manoeuvrings on this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. People just don't seem able to adjust to change on this team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. We have no way of knowing whether we have achieved our goals or not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. On this team we rely on physician's authority; after all, they are the one's who are accountable in the end.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. If the team were disbanded, the organization would not feel the loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***Please indicate which one of the following roles best describes how you spend the majority of your time.**

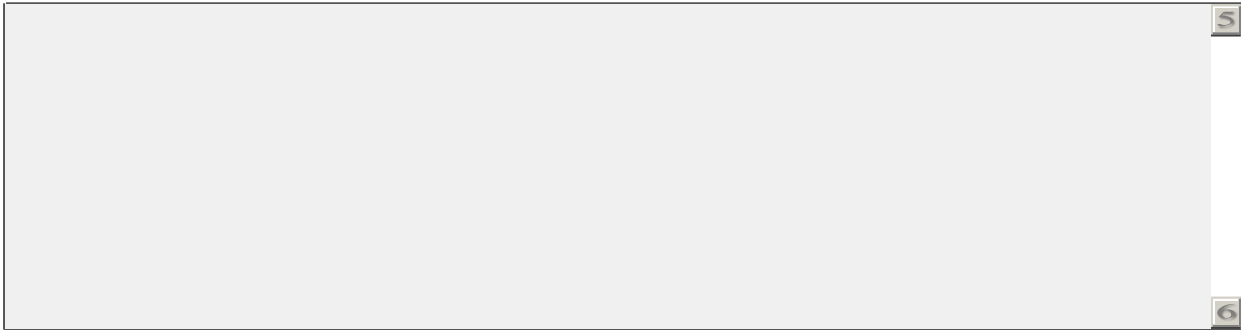
Administrative (e.g. manager, admin. assistant, secretary, and etc.)

Clinical (e.g. physician, nurse, social worker, and etc.)

There are only two more pages to go and you will be finished.

Team Collaboration

Four GAIN teams have implemented a collaborative leadership model to support their continued growth as interprofessional, collaborative practice teams. What does an effective collaborative leadership model look like for your GAIN team?



There is only one more page to go and you will be finished.

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Network Collaboration

A fundamental principle of GAIN is interprofessional collaboration. What is needed to sustain this culture of collaboration as the GAIN Network grows?

What are the enablers of effective collaboration between teams (i.e. across the Network)?

Are there any comments you would like to make about your team or the DTEAM survey?

Thank you for completing the survey. A confidential summary of results will be forwarded to your team manager for review and discussion among your GAIN team.