Te Whare Whakakotahitanga Mo Te Hauora Taiwhenua

An Educational Programme to Foster Collaboration for Rural Teams

Jean Ross
Centre for Rural Health
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PUBLISHER

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New Zealand

ABOUT THE CENTRE

The Centre for Rural Health was established late 1994. It was funded (initially by the Southern Regional Health Authority, then the Health Funding Authority and finally by the Ministry of Health) for a series of projects to support rural health services and community involvement. The Centre was under the directorship of Martin London and Jean Ross from, respectively, rural general practitioner and rural nurse backgrounds. It was also known as the National Centre for Rural Health. The Centre closed in late 2002, with final publications being completed in 2003. The resources and reports created under the auspices of the Centre were uploaded mid 2003 to be available indefinitely.

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SUCCESSFUL TEAMS AND RURAL HEALTH SERVICES

Successful rural health teams will play a vital role in the wellbeing of the communities they serve.

Ensuring team success requires a systematic and planned educational approach.

Jean Ross (2003)

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INTRODUCTION

A structured educational programme for rural teams has been developed in response to the need to improve teamwork for the planning and delivery of health care. To assist successful rural teamwork in today's changing health environment, it is essential that rural people, community personnel, rural health professionals, the District Health Boards and local Primary Health Organisation are aware that there have been a number of identified characteristics associated with rural teamwork relevant to rural New Zealand.

Research undertaken by the Centre for Rural Health 1999-2003, concentrated on gaining a better understanding of the characteristics of rural health care teams. This includes the variety and diversity of rural team membership and the specific context in which the team works and delivers health services. In response to this information, an educational programme was designed to facilitate and empower rural teams to understand, plan, implement, improve and evaluate their working relationships for the delivery of health services. The programme comprises a number of phases which have a natural flow from one to another.

The information contained in this document offers the aims, a detailed account of the process which was undertaken to obtain the data, the analysis and the detailed educational programme to foster collaboration for rural teams.

The Health Funding Authority (now Ministry of Health) contracted the National Centre for Rural Health to undertake this project from 1999 to 2003. The National Centre for Rural Health is situated within the Department of Public Health & General Practice, Christchurch School of Medicine & Health Sciences, University of Otago.

ACKNOWLEDGEMENTS

The author wishes to acknowledge the time, energy and commitment from rural colleagues who contributed to this section of the project. A special thank you also goes to the initial participants who contributed to the research. Without their support this project would not have been completed.

The participants are the primary writers of the report through comments given as responses at the focus group discussions. Some material has been given to this project on the proviso that it be used without identifying the contributor. The data has been amalgamated as a whole and analysed by the author who has put forward her own opinion.

Without the funding from the Health Funding Authority (now Ministry of Health) this research project would not have been undertaken. The Health Funding Authority is to be applauded for their support of and financial commitment to this project so practitioners, educators and the Ministry can have a deeper understanding of rural teamwork and educational requirements. Practitioners can therefore better meet the health needs of rural communities as a functional team.

The author also wishes to personally acknowledge and thank:

Lyn Thompson, National Centre for Rural Health Secretary, for her dedication and effortless transcribing of the focus group discussions. In addition, for presentation and assistance with production of the work associated with these reports.

Simon Bidwell, National Centre for Rural Health Research Assistant, for his tireless efforts in undertaking the international literature search on rural teams and teamwork and his written literature review of the sparse literature available.

The NZ Health Technology Assessment, especially Susan Bidwell (Information Specialist) for their diligent international review of all of the literature associated with rural teamwork and educational programmes.

Keith Royce (Educationalist), Management Training Associates, Christchurch, for his insight and assistance with the direction of the educational content of the programme.

Nick Taylor (Rural Sociologist), Taylor, Baines & Associates, Christchurch, for his support from his experience of rural communities and the educational content relevant to meet the needs of a changing health care environment.

Steve Blackmore, Croft Printing Ltd, Christchurch, for his diligent overview and experienced critical appraisal of the promotional material.

RESEARCH AUTHOR

Jean Ross has been the lead member of the research team. Jean is Co-Director of the National Centre for Rural Health which was set up in 1994 (together with a GP colleague). Her role has been in the leadership and development of the role of rural nurses, both professionally and personally, on a national and political level and has a background in rural practice both in the UK and in New Zealand. She is the founder and coordinator of the Rural Nurse National Network and has a Master's thesis relating to teamwork and role identification of the core primary health care team.

Jean offers insights from her professional and personal opinions about teamwork. She believes rural teams comprise a diversity of personnel and need to be adaptable and to work in partnership to offer an effective health care service. This partnership should offer the community an increased set of skills and support, which is greater than that which can be provided by a person or single professional disciplines (Ross 1995). She believes the necessary tool to achieve this is for health practitioners to work within the boundaries of a team.

Given her professional identity as a registered nurse and situating herself as a researcher within this study has been a challenge. It has been essential to provide her views on teamwork as offered above. The reason for this has been to assist the reader to build up his or her own views and assumptions of her world view which may have been brought into this research. As a researcher she has respected the views and opinions of each of the participants. The participants have come from a number of disciplines and for the purpose of this project only rural health professionals were invited to contribute. This research arose from a series of linked studies previously undertaken including her Master's Thesis, "Role Identification: An Impediment to Effective Core Primary Health Care Teamwork?". Jean has intended to extend her insight into these studies and explain and share how her commitment to this topic has progressed.

In 1995 Jean was invited by the then Core Services Committee (later to become the National Health Committee) of the Ministry of Health, New Zealand, to write and present a paper at a forum on the Delivery of Health Services to Smaller Communities (London & Ross 1995). The aim of this forum was to ensure a stable, content and energised rural health workforce. The paper Jean presented was titled "Professional Responsibilities Relating to Teamwork in Rural Practice". This invitation stemmed from her position as Co-Director of the Centre for Rural Health (London & Ross 1995).

BACKGROUND OF THE RURAL TEAMWORK PROJECT & DEVELOPMENT OF AN EDUCATIONAL RESOURCE PROGRAMME

This educational resource programme for rural teams has been developed in response to the need to have improved teamwork for the delivery of rural health care. This has taken place through a four stage process. Rural health practitioners were invited to contribute and their feedback throughout the whole of the research project offered a perspective which would give credibility to the research study.

The first three stages of this research concentrated on gaining a better understanding of the characteristics of rural health care teams in New Zealand.

The project has consisted of:

Stage 1 An in-depth literature search on the effectiveness of teamwork relating to the rural environment;

Stage 2 An international focus group discussion on the characteristics and essential elements relating specifically to rural teamwork;

Stage 3 A national questionnaire inviting rural practitioners from New Zealand to make suggestions on what is the nature of teams; who are the members; what facilitates teams; what are the barriers and what educational needs practitioners have for rural teams and teamwork.

Stage 4 Two focus group teleconferences comprising a broad sample of rural practitioners. Discussions related to the initial research on rural teams for an appropriate educational rural teambuilding programme.

The data generated from Stages 1, 2 and 3 created a foundation to enable the establishment of an appropriate educational teambuilding resource programme which would be applicable to rural New Zealand teams[1]. In addition, it was hoped it would be more appropriate to the New Zealand working environment than the current international teambuilding resource programmes developed for urban health care teams. The international literature has been extensively searched (Bidwell & Ross, 2000)[2] and very little research on rural teambuilding resource programmes was found.

[1] Dimensions of Team Effectiveness in Rural Health Services (Ross, 2001). *This research project about the dimensions of team effectiveness in rural health services in New Zealand has been divided into two main parts. The first part comprises a national overview based on health care teamwork in the rural setting and the particular influence rurality might have on the nature and effectiveness of teamwork. The second part comprises a more in-depth qualitative investigation about approaches to team building used by rural practitioners to build effective health care teams. The two parts are linked together in the report and the recommendations made clear in the executive summary which complements the report.*

[2] An International Literature Search & Review of Rural Teamwork & Teambuilding (Bidwell & Ross, 2000).

The fourth stage of this research project was to create an appropriate educational resource programme which could improve the function of rural teams associated with the provision of rural health care. The educational resource programme is designed to facilitate and empower rural teams to understand, plan, implement, improve and evaluate their working relationships for the delivery of rural health services. The programme comprises a number of phases to assist teams at different stages of their development. It is a resource and can be used together/alongside other resources.

The approach taken in the fourth stage was to hold two national focus group teleconferences. A broad sample of rural practitioners including GPs, rural nurses, educators and managers were invited to attend two focus group teleconferences on 6 February and 22 May 2002 between 8pm and 9pm.

Focus Group Teleconferences

The first focus group teleconference focused on building on the data generated from, "Dimensions of Rural Teamwork in New Zealand" (Ross, 2001), to inform the researcher of what the content of an educational teambuilding resource programme could consist of and how it could be delivered. The potential participants were personal colleagues and professional acquaintances whom the researcher had met over previous years and were thought to be representative of rural health professionals.

A letter of invitation was sent which included a number of questions which the researcher wished to discuss, together with the report containing the first two stages of the research and specific results from the "Dimensions of Rural Teamwork in New Zealand" (Ross, 2001). The potential participants were invited to post or fax back their availability to attend the teleconferences and were invited to nominate a colleague if they were unable to attend. During the days prior to the scheduled focus group teleconferences each of the potential participants was sent a reminder notice and a list of the questions to be discussed.

The focus group conversations commenced with introductions and a welcome to everyone and a number of ground rules were set and agreed on. In addition, all the participants agreed that the conversation could be taped for transcription purposes which would enable the drawing out of themes. At the commencement of the focus group meetings the participants were invited to introduce themselves, explain where they worked and how long they had been working in rural practice. They were also reminded of the confidentiality of the discussions and that all the taped and paper material that was generated from the focus group meeting would be securely stored. This material (raw data) would only be available to the researcher and transcriber. The quotes used from the focus group meeting would appear in the themed transcripts after being coded. All evidence which could link particular participants to a quote, or annotations from the themed transcripts, would be removed and coded using random letters of the alphabet.

The coding of the participants' quotes and the protection of the full transcripts was undertaken to protect the participants, not only to respect their contribution but also to allow them the freedom to speak. Each participant had been informed verbally about the purpose of the study, the procedure, their rights in participating in the research and of the importance of adhering to the agreed core written ground rules.

The first teleconference was held on 6 February 2002 a total of seven participants attended with apologies from two. Although the number of participants was small, they made up a varied and broad knowledge base of rural health experience. Three participants had a background in rural medicine; two of these were educators, one from the North Island and the other from the South Island. The South Island participant held a senior position for the delivery of rural health care. The third medical practitioner had previously held a senior position representing rural GPs nationally and had recently been one of the leading health professionals setting up a community trust in association with the amalgamation of primary and secondary health care.

Two of the other participants were from the South Island, both from a nursing background and both had completed the postgraduate Diploma of Primary Rural Health Care. They held responsible clinical positions and one represented nurses nationally through the Rural Nurse National Network and Rural Primary Health Care Advisory Board.

First Focus Group Teleconference

The following questions were offered at the first focus group teleconference:

- What are the broad themes this educational resource programme should comprise?
- What should the educational content be of each of these themes?
- How should the content of these themes be offered?
- To whom should these themes be offered?
- How often should they be offered?
- Where should they be offered?
- Who should fund the teambuilding education resource programme and what does the funding be available for?
- How should the teambuilding educational resource programme be evaluated?
- When the teambuilding education resource programme is complete, to whom should it be piloted and who should pilot it?

The participants generated further questions which were then discussed by the group. General themes occurred throughout which provided insight into the motives for participants' beliefs and opinions on the topic.

At the completion of the first focus group meeting the participants were thanked for attending and contributing to the discussion. The themes and a draft educational resource programme were sent to the participants at a later date for their validation of the focus group conversation and to oversee the production of the educational resource programme at a future focus group teleconference. This lead to the focused questions at the second focus group teleconference.

Second Focus Group Teleconference

The content of a draft educational rural teambuilding resource programme was put together and sent to the focus group participants for their validation of the information which was generated at the teleconference. This draft educational programme was further worked on by the researcher and an experienced education team (which the researcher had brought together).

The final draft content of the educational programme was discussed at the second focus group teleconference on 22 May 2002 with the original participants. The aim of this focus group discussion was to have agreement that the content and delivery would be beneficial to rural teams in New Zealand. There was unanimous agreement from the focus group participants that the content was relevant as depicted in Figure 1 (page 15).

Analysis of Focus Group Data

A "cut and paste" technique involved reading through the transcripts then cutting and pasting the relevant quotes (Krueger 1994). This assisted in generating the themes and helped make sense of the discussion. The themes become an important link to the discussions by using the most useful quotes to highlight why the themes were chosen. It was then possible to highlight descriptions of rural teams including the characteristics, membership, functions, purpose and constraining and driving factors associated with rural teams.

Utilisation of the Data

The data generated from the focus group discussion, together with the results from Stage 2 of this project (Ross, 2001), gave insight into the content of the requirements of a draft educational teambuilding resource programme. The data from Stage 2 will be taken into consideration as follows:

Rural Community Health Team

Rural community teams are comprised of people who live in rural areas. Members of the team have often lived for a number of years in the same or similar communities. A community team may be comprised of, for example, local community people, police, fire brigade, ambulance personnel, school personnel, health care volunteers and health professionals. It is essential to respect and listen to the community's ideas, visions and knowledge as they tend to stay in the area and understand its complexities, whereas professional team members tend to be more transient. Additionally, informal networks may already be in place within the rural community prior to the involvement of the health professionals.

Rural Health Professional Team

Rural health professional teams are comprised of a number of health professionals who work together either from the same premises or within the same rural community. Individual team members tend to have a variety of goals which may or may not be consistent with each other and the community's goals while the personalities of individual health professionals may restrict effective teamwork.

Expanded (Secondary Team) Rural Health Team

An expanded or secondary rural health team is comprised of some team members who are based out of the immediate area but contribute to the health care of the local rural community. The restriction of face-to-face interactions, collegiality and the development of formal teams require the need to develop a trusting relationship with the "voice" at the end of the telephone. Attempts need to be made by these team members to meet together at least once a year or to introduce themselves to each other at meetings or other events.

Characteristics of Rural Health Teams

For a rural health team to be effective it relies on a number of characteristics that are specific for the provision of rural health care. A rural health team has some particular elements associated with its membership and includes the:

- flexibility that each rural team may comprise a diverse and unique membership;
- involvement and consultation with local community people about their health needs;
- planning and delivering of health care having taken into consideration the local community knowledge, and history;
- geographical and demographic context of the rural environment;
- team members sense of belonging to the team and community;
- team members being driven by a purpose, commitment and direction (sometimes known as a crisis) in association with the local community's health or health care delivery.

The above elements require health professionals, planners and funders to get to know the local community and listen to the local people/iwi so they can work in partnership. This in turn can assist with the successful delivery of rural health care by an effective health care team. Effectiveness refers to how well a team undertakes and accomplishes its purpose (West & Slater 1996). It relates to a team's performance and provision of effective health care while remaining vital and has the wellbeing of its members at heart. West & Pillinger (1996) indicate that "before attempting to enhance the effectiveness of interventions, four dimensions should be met." (p.5)

- First the use of teams must be appropriate. If there is no interdependence between team members to achieve a goal and if one person alone could achieve the goal successfully then there is no need to involve a team of people (Ovretveit 2001).
- Second, there needs to be adequate support from mangers, GPs, Community Trusts or whoever has authority over the team.
- Third, the team requires adequate resources to ensure it can function effectively. Suggested resources a team needs include, time, information, funding and sufficient personal support.
- Fourth, teams need to have a correct diagnosis of their composition, stage of development and their specific issues or concerns. This implies that there does not necessarily mean there is one intervention which can be used by all teams. Team intervention needs to be tailored to meet the needs of individual teams. Team facilitators require to be informed of different innovative options to advice, plan and assist teams to become effective while working alongside individual teams.

Contributing Factors for Successful Rural Teamwork

It was encouraging that over 50% of the respondents who contributed in the initial research (Ross, 2001), indicated that multidisciplinary teamworking made either a good or very great contribution to rural primary health care for the following dimensions: patient care generally; relationships with patients/community; quality of care; enhancing mutual respect and trust between professional disciplines; increased knowledge of other members' professional skills; sense of belonging to rural community based on individual local situations and circumstances; maturity of team; provision of out of hours emergency care; appropriate skill use; information sharing; increased knowledge of other members' personalities; role

understanding across professional disciplines; sense of belonging to team; meet other team members at least once a year; greater understanding of community needs; support for team members; effective communication and use of language between members and growth and development of health professionals themselves. West & Pillinger (1996) imply there is research evidence indicating that the organisational context in which the team is placed can have a significant influence on team effectiveness. The areas which should be considered include the provision of education for teamwork, clear team goals, rewarding team performance and giving constructive feedback. There should also be adequate resources and support for teams as this assists their development.

Constraining Factors Which Impede Successful Rural Teamwork

A large proportion (over 40%) of the respondents in the initial research (Ross, 2001), indicated that multidisciplinary teamworking made either a little or very little contribution to rural primary health care in the following dimensions: setting objectives; protocol development; monitoring of individual and team performance; practice planning; activity audit; allocated protected time set aside for meeting, planning and evaluation of teamwork. These areas have been well researched as being essential elements for effective teamwork and if they are not attended to, could be detrimental for the team's success.

Participants of these workshops tend to prefer teambuilding activities associated with relationships between team members rather than addressing task issues related to health or illness. Team meetings, conflict resolutions and shared decisionmaking were part of the educational content in team building workshops, areas which are again relevant for effective teamwork. This pattern of responses reveals a consistent approach in the context of team building workshops internationally (West & Pillinger 1996). Additionally the current New Zealand health system poses concerns for effective teamwork. One area is the funding of general practice services which requires nurses to be employed by GPs which can have detrimental affects on the team relationship.

Context and structural issues need to be changed to encourage effective teamwork to:

- create a consistent and single line of organisation of the team;
- ensure there is appropriate training for teamwork;
- enable teams to develop clear strategies for meeting health care needs of their local populations;
- determine who will be the leader of the team;
- create collaboration, not competition, with simple funding for health services.

Potential Rural Teambuilding Educational Resource

The literature indicates that there are six main areas which need to be made available as a teamwork educational resource (West & Pillinger 1996) and include individual:

- team diagnosis
- team building
- team training
- leadership training
- team work re design
- appropriate organisation context.

The findings from Stage 2 of the research (Ross, 2001) indicated that the content of a teambuilding resource requires, but is not limited to, the following:

- Understanding teams, in particular, rural teams, and how they work
- Understanding the historical development of profession and role
- Trust, respect and acknowledgment of other team members ability to perform
- Communication/ Listening skills
- Conflict resolution
- Team planning
- Leadership skills
- Being culturally appropriate
- Active and equal participation and attendance by all team members
- Team building exercises - total immersion for weekend in retreat with all team members -
- exercises are relevant to practice
- Cooperation of group members followed by intense debate and modifications
- Facilitate team members to use or develop skills in key areas
- Follow up and evaluation of teambuilding
- Socialising
- Having fun

(See Table 1 on next page)

Rural Team Building Education

TABLE 1

Team building exercises the respondents attended	• While in Britain • Healthlink south internal courses • Royal NZ College of GPs • Auckland Medical School - seminars • Church camps • University papers - Diploma of Primary Rural Health Care (HASC:407) • Part of Bachelor of Nursing • "Shelley Jones" leadership workshop • Team building day • Outdoor activities - exercises at Outward Bound; team building with tasks beyond the individual • Independent Practitioner Associations • Continuing professional education • Little and often - meetings
What rural participants want in the way of teambuilding education	• Professional development • Leadership • Understanding each other's roles • Communication • Conflict resolution • PRIME (Primary Response in Medical Emergencies) • Refresher courses - Trauma • Practical exercises • Understanding of teams and how they work
Teambuilding education should consist of:	• Socialising • Being culturally appropriate • Kaizer principle • Myers-Briggs personality training as a team • Rich Allen / Eric Jensen - staffing: a discovery • Building personal self esteem • Brain friendly workshops • Understanding teams and how they work • Steven Covey - 360^0 • Communication skills • Decisionmaking skills • Conflict resolution • Planning and setting objectives • Listening to each team member's contribution • Active participation • Leadership skills • Team building exercises - total immersion for weekend in retreat with all team members • Exercises are relevant to practice • Practice management skills • Cooperation of group members followed by intense debate and modifications • Facilitate team members to use or develop skills in key areas • Having fun

cont'd….

TABLE 1 cont'd

Teambuilding education needs to ensure the participants are introduced to understanding of the following themes:	A number of themes have been identified and include: ***Team Members*** • Build on strengths of team members • Acknowledge diversity of team members • Encourage friendship and interaction • Encourage mutual respect • Getting to know each other • Getting to know roles - break down barriers • Active participation of members • Treat all members as equals • Acknowledge issues and feelings • Gain understanding of members' perspective ***"The Team"*** • Team integral to decisionmaking ***Measure / Evaluation*** • Set and measure outcomes • Actively encourage team participation in audit • Debrief following exercises • Self education - gives clearer direction • Further evaluation 3-6 months later • Written evaluation after session ***Performance*** • Recognise and reward good performance • Manage poor performance • Feedback ***Education*** • Allow for problems to be brought to the group • Increase understanding of teams and how they work • Be facilitative not directive • Shared leadership
Team education for teambuilding	***What Works?*** • Team meetings with exercises and offer prizes • Organised by local health authority - all team • Members attend - different scenarios discussed and people's roles • Effective facilitation • Group exercises - physical and mental to solve problems • Social time - activities (informal) • Role model - video feedback • Free speech • Effective educator • Effective programme • Regular programme • Encouraged to attend and be paid • Practice techniques for improving communication • Project to be completed after the session so application of principles can be practiced • Meeting other health professionals - recognise mutual problems: role ***Why it Doesn't Work*** • Can't get a locum • Protected time • Workshops not always acceptable to individual need • Travel to educational courses • Fragmentation

(Sourced from Ross, 2001, p.32-33)

Rural teams are composed of a diverse membership and need to be adaptable, flexible, multiskilled, mature in their outlook and have respect for and trust in one another.

We can be assured that teambuilding education is not necessarily a waste of time or resources if researched and provided appropriately. There have been a lot of lessons learned through work on teambuilding by West and Pillinger (1996). They indicate that by exposing health professionals to teambuilding educational sessions is a very helpful way of developing primary health care professionals awareness of teamwork. They put forward a number of recommendations to ensure there are adequate resources and that teambuilding facilitators are knowledgeable in teambuilding, and team development. For the needs of rural teamwork, facilitators would also need to be knowledgeable in rural community development.

West and Pillinger (1996) imply there is research evidence indicating that the organisational context in which the team is placed can have an significant influence on team effectiveness. The areas which should be considered include the provision of education for teamwork, clear team goals, rewarding team performance and giving constructive feedback. There also needs to be available adequate resources and support for teams to achieve success. For this to occur we need to consider the following:

- Take into consideration rural community expectations
- There is a need to change and focus on the direction of rural health care
- Knowledge and understanding to manage change
- Involving other health providers and community personnel
- Availability of a conducive health funding service system to accommodate effective teamwork
- The need to develop practice and rural community profiles
- The sharing of responsibility by rural health teams and organisations.

The overall plan for the development and implementation of a rural community teambuilding educational resource programme:

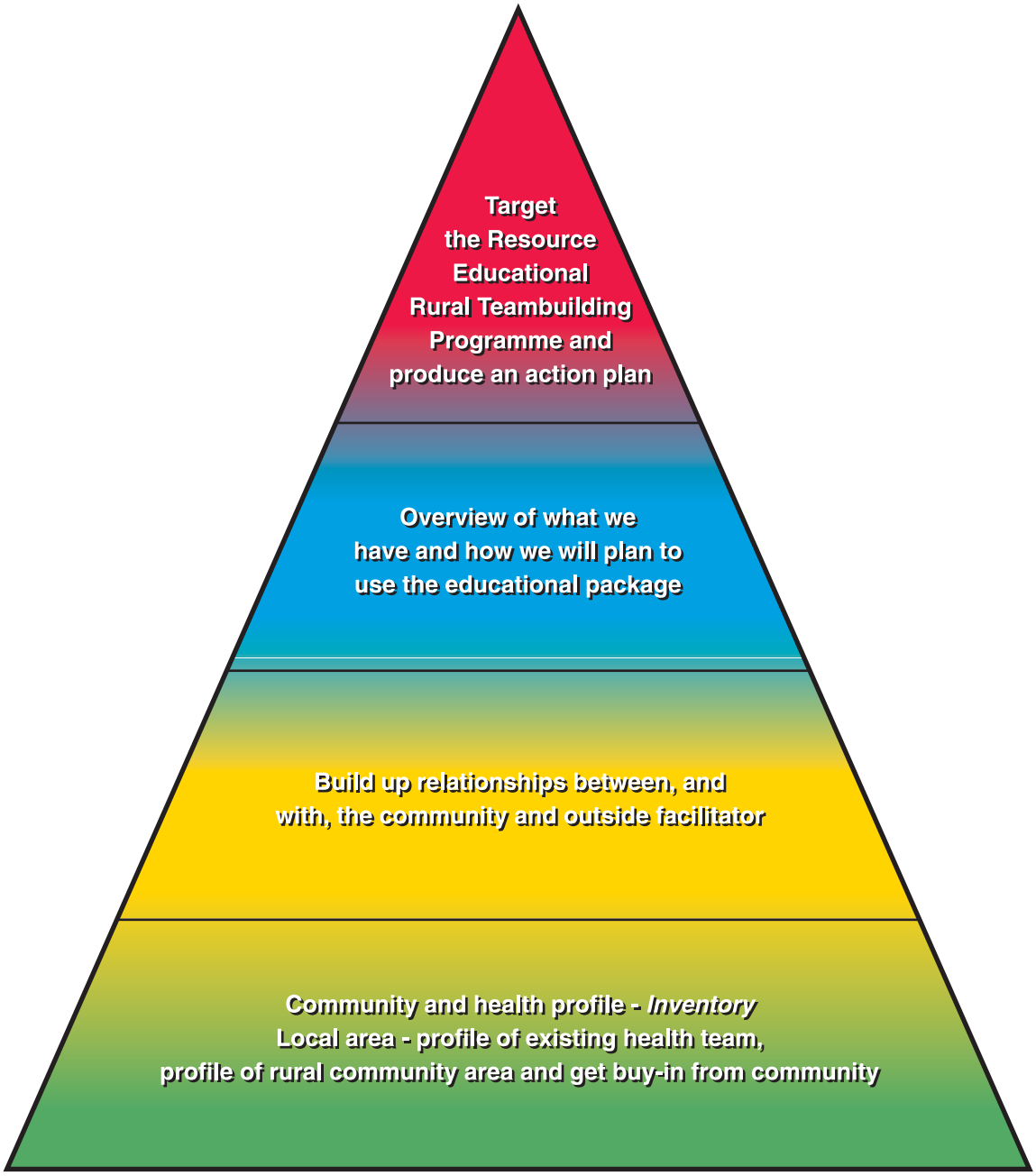


Fig. 1

The overall plan accommodates a number of phases identified from the "Dimensions of Team Effectiveness in Rural Health Services" (Ross, 2001) research project and by the participants of the two national focus groups held by the Centre for Rural Health in 2002.

The success of this programme will require an outside facilitator to keep the programme moving, ensure not one particular community or professional group dominates the programme and that the vision of the community is kept in focus. The outside facilitator will also act as a mentor and a sounding board for the local team leaders. It is envisaged a natural team leader will emerge from within the local community.

The **first phase** will require agreement from the local rural community, of their commitment to the programme.

The **second phase** of the programme will be the establishment of a foundation framework. This foundation will require an inventory of the local community and health profile and will include the local area's profile of existing health service team members' skills and a profile of rural community area. As this takes place it will be necessary to get buy-in and consensus from the local community people, local health practitioner and/or local iwi.

The **third phase** will require sufficient time to build up relationships between the community personal and the outside facilitator so that future work can be built on trust and support.

The **fourth phase** will require a review of what the community has and a plan of action as to how the educational resource programme may be used effectively.

The **fifth phase** will target and adapt the resource programme to the local area and their health/ functional needs.

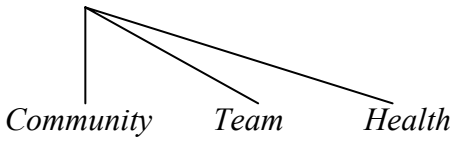
The **sixth phase** will offer educational workshops, resources, facilitation and mentorship (for the team leaders) while working alongside and with the community people at their pace and place.

Phases seven, eight and nine will produce a collaborative community action plan and keep the community/team informed of events, changes, evaluate progress and give feedback.

It is a recommendation of this research that the local PHO is involved from the onset and takes responsibility to appoint people from the local area or community trust to be involved in the project. Funding to assist this project's success will be needed, not only for the educational resource programme development and implementation, but also to support health professionals and community personnel to attend educational workshops and to continue with the project itself.

A Brief Overview of the Educational Resource Programme Content:

Know what you have:



Health Profile

Community Profile

Team Diagnosis

Know what you want:

- *planning*
- *how to achieve*
- *action*
- *how to evaluate*

Strategic Planning

Change Management

Roles & Skills

The right skill mix:

- *work through professional issues*

Effective Leadership

Education:

- *appropriate*
- *preferred*
- *interesting*
- *accessible*

Effective Facilitator

Appropriate Educationalists

RURAL TEAMBUILDING EDUCATIONAL RESOURCE PROGRAMME

The Educational Resource Programme has been developed from the data generated from stage 4 of the research and is comprised of seven main components. Each component is equally as important as the other. The educational content of each component has been developed by an educational team and is available as an educational workshop (at the expense of individual rural communities/DHBs). For workshop details and to register your interest, please complete the enclosed registration form.

The components are:

1. Overview of primary health care and delivery of health within the socio-political climate.

2. A bi-cultural overview

3. Facilitation skills

4. How to undertake a rural community profile

5. Overview of rural teams, teamwork and team diagnosis

6. Strategic planning: the principles

7. Change management skills: training

Each component is described in more detail on the following pages.

The educational team:

Keith Royce (Educationalist)
Management Training Associates, Christchurch
Ph: 03 332 5044 or 025 205 2240

Nick Taylor (Rural Sociologist & Senior Lecturer in Primary Rural Health Care)
Taylor, Baines & Associates, Christchurch
Ph: 03 313 8458

Jean Ross (Senior Lecturer in Primary Rural Health Care)
Centre for Rural Health, Christchurch
Ph: 025 640 8353

For further information, please contact Jean Ross.

Overview of Primary Health Care and Delivery of Health Within the Socio-Political Climate:

The aim of this component is to:

- familiarise personnel with the global definition of primary health care;
- familiarise personnel with New Zealand's commitment and strategy for the delivery of primary health care;
- offer differing cultural perspectives on rural health delivery;
- provide an introduction to the changing roles and responsibilities of health care providers and community personnel in primary rural health care;
- provide an introduction to the rural issues surrounding rural communities, rural team function and health professionals' needs for self care and boundaries;
- identify the relationship between primary health care and teamwork, in particular, rural teamwork;
- emphasise the role of rural health care providers in achieving improvements in primary health care.

Programme

3 hour workshop:
The purpose is to gain a level of understanding of primary health care and the New Zealand socio-political context.

Resources

Ministry of Health (2001), "The Primary Health Care Strategy", Ministry of Health, Wellington.
Ministry of Health (2001), "Minimum Requirements for Primary Health Organisations", Ministry of Health, Wellington.
Ministry of Health (2002), "Implementing the Primary Health Care Strategy in Rural New Zealand", Ministry of Health, Wellington.
Ministry of Health (2002), "Nurse Practitioners in New Zealand", Ministry of Health, Wellington.
Ministry of Health (2002) "Investing in Health: Whakatohutia te Oranga Tangata, A framework for activating primary health care nursing in New Zealand", Ministry of Health, Wellington.
Nursing Council of New Zealand (2002), "The Nurse Practitioner: Responding to health needs in New Zealand".
Communities: Individual Plan and Strategy.
Primary Health Care & General Practice in Rural New Zealand Manual - Jean Ross (Rural Academic) for Centre for Rural Health, Christchurch (025 640 8353).
Participative handbook (pre-reading, assessment material, textbook, planning, evaluation tool).

Bicultural Overview:

The aim of this component is to:

- highlight biculturalism and the Treaty of Waitangi;
- understand Maori beliefs in connection with individual and community health;
- become aware of health care provision that respects Maori customs and values.

This will be achieved by the establishment of a relationship with the local Maori which will be the main responsibility of the facilitator of the programme. This will take place through face to face contact and developing an action plan at the time of the project. The facilitator will need to develop a brief plan of how to go about establishing this component.

Resources

Ministry of Health (2002), "Whakatataka: Maori Health Action Plan 2002 – 2005", Ministry of Health, Wellington.
Ministry of Health (2002), "He Korowai Oranga: Maori Health Strategy", Ministry of Health, Wellington.

Facilitation Skills:

The aim of this component is to:

- select the appropriate facilitation strategy for each meeting;
- plan, prepare and structure meetings or workshops;
- bring skilled leadership to meetings;
- demonstrate the highest level of facilitation skills;
- successfully control and direct the meeting towards desired outcomes;
- manage the group and group behaviour;
- understand and manage meeting conflict;
- evaluate sessions and identify ways of improving outcomes and processes.

Training Content

- Defining the facilitation process;
- The role of the leader;
- Effective questioning techniques;
- Listening actively and with empathy and giving feedback;
- Group participation techniques;
- Choosing the appropriate tools and techniques of facilitation;
- Effective problem solving techniques;
- Effectively leading the group;
- Controlling and managing group behaviour and conflict;
- Understanding leadership style and its effects on outcomes and conflict;
- Evaluating sessions and meetings.

Programme

This two day programme has been designed as a series of integrated participative training workshops. The purpose is to gain a high level of involvement through participation as well as listening.

Resources

Facilitation Skills Manual – Keith Royce (Educationalist), Management Training Associates, Christchurch, 03 332 5044 or 025 205 2240.
Participative handbook (pre-reading, assessment material, planning, evaluation tool).

How to Undertake a Rural Community Profile:

The aim of this component is to:

- understand how rural communities work;
- overview the sociological perspectives of rural communities;
- understand rural communities from a health team perspective;
- highlight the bases for community organisation and action while developing skills to profile communities and their health needs;

Training Content

- Highlight issues revolving around integrating with a rural community and issues which may arise:
  - ~ social conflict;
  - ~ confidentiality;
  - ~ inner conflicts of rural practice
- Consider types of social data, sources of data and their application in community profiles and health needs assessment;
- Examine social action and community development in rural communities;
- Work on the development of a community health project;
- Focus on the design and implementation of the health project;
- Consider what factors will ensure the health project is viable and workable;
- Evaluate the process and outcomes through:
  - ~ exploring the opportunities and difficulties in evaluating health plans;
  - ~ understanding the fundamentals of measurement for evaluation.

Programme

2 day integrated workshop with local personnel and ongoing facilitation. The purpose is to gain a high level of involvement of planning and action.

Resources

Rural Community Profile Manual – Nick Taylor (Rural Sociologist), Taylor Baines & Associates, Christchurch, ph: 03 313 8458.
Participative handbook (pre-reading, assessment material, planning, evaluation tool).

Overview of Rural Teams, Teamwork and Team Diagnosis:

The aim of this component is to:

- relate how teamwork can achieve sustainable, appropriate and acceptable health care;
- understand the nature, purpose and requirements for effective rural teamwork;
- review educational requirements necessary to build effective rural community health care teams.
- demonstrate an understanding of the levels of team members' collaboration and the drives and constraints which may impede collaboration;
- examine the application of teamwork in rural communities;
- demonstrate the purpose of team goal setting, planning and implementation;
- consider the content and delivery of a range of teambuilding exercises.

Training Content

- Take a critical look at own team members and team function

Team Profiles and Team Typing

Participants who take part in the "Team Profile Inventory and Team Typing Exercise" will:

- be able to outline the eight dominant roles in a well constructed team;
- understand the role requirements of a successful team;
- know their own preferred team role and the preferred role of the other team members;
- be able to determine the roles necessary for team success;
- be able to understand team dynamics and resolve team conflict due to role confusion.
- review team members' skills;
- take into consideration plan of action and members' skills;
- review long term planning and current members of the team and evaluate.

Programme

2 day integrated workshop with local personnel and ongoing facilitation. The purpose is to gain a high level of involvement of planning and action.

Resources

Pritchard, P. & Pritchard, J. (1994), Teamwork for Primary and Shared Care: A Practical Workbook", Oxford University Press, Oxford, UK.
Rural Teamwork Manual – Jean Ross (Rural Academic), Centre for Rural Health, 025 640 8353
Team Profiles & Team Typing Manual – Keith Royce (Educationalist), Management Training Associates, Christchurch, 03 332 5044 or 025 205 2240.
Participative handbook (pre-reading, assessment material, textbook, planning, evaluation tool).

Strategic Planning -The Principles:

The aim of this component is to:

- provide an overview of strategic planning;
- relate strategic planning to rural practice;
- demonstrate the process of strategic planning;
- evaluate the process of the planning outcomes;
- reflect on leadership skills for effective team meetings;

Training Content

How to undertake a strategic plan:

- Reflect on where your team is currently;
- What are your values and visions for the future (using your community profile and health needs assessment);
- What are your:
  - ~ *opportunities?*
  - ~ *threats?*
  - ~ *strengths?*
  - ~ *weaknesses?*

How to set team goals
How to develop an action plan
How to implement your actions
How to evaluate your actions

Programme

2 day integrated workshop with local personnel and ongoing facilitation. The purpose is to gain a high level of involvement of planning and action.

Resources

"Guidelines for Strategic Planning & Goal Setting in General Practice" (1994), David Smith, Managing Director, Stratcom Ltd, Wellington.
Strategic Planning: The Principles, Manual - Jean Ross (Rural Academic), Centre for Rural Health, phone: 025 640 8353.
Participative handbook (pre-reading, assessment material, textbook, planning, evaluation tool).

Change Management Skills –Training:

The aim of this component is to:

- explore the different ways in which people can react to change in a work setting;
- identify the main factors that can determine such reactions;
- consider the role of the manager in handling the change process;
- develop the necessary skills for managing change;
- plan a specific change situation for on the job implementation.

Training Content

- The manager/leader and change
- Attitudes to change
- Attitudinal change and the manager's/leader's role
- Planning for change
- Implementing change

Programme

Set in the current socio-political context of rural health care in New Zealand. This component will offer an inclusive, reflective, experiential, facilitated, participant led, action-based process grounded in, and building on, the unique nature of the rural community of which the participating health care providers are a part.

Stage 1 Self assessment exercise as part of establishing pre-existing strengths within the team. Results of this will provide the basis of the course and underpin individual team member's action plans.

Stage 2 2 day course

Stage 3 Half day review – 3 month post course

Resources

Change Management Skills: Training Workbook – Keith Royce, Management Training Associates, Christchurch, 03 332 5044 or 025 205 2240.
Participative handbook (pre-reading, assessment material, textbook, planning, evaluation tool).

RESOURCES

Change Management Skills: Training Manual – Keith Royce (Educationalist), Management Training Associates, Christchurch, 03 332 5044 or 025 205 2240.

Communities: Individual Plan and Strategy, developed by an individual community.

Facilitation Skills Manual – Keith Royce (Educationalist), Management Training Associates, Christchurch, 03 332 5044 or 025 205 2240.

"Guidelines for Strategic Planning & Goal Setting in General Practice" (1994), David Smith, Managing Director, Stratcom Ltd, Wellington.

"He Korowai Oranga: Maori Health Strategy" (2002), Wellington: Ministry of Health.

"Implementing the Primary Health Care Strategy in Rural New Zealand" (2002), A report from the Rural Expert Advisory Group to the Ministry of Health, Wellington: Ministry of Health.

"Investing in Health: Whakatohutia te Oranga Tangata – A framework for activating primary health care nursing in New Zealand" (2002), Report to the Ministry of Health from the Expert Advisory Group on Primary Health Care Nursing.

"Minimum Requirements for Primary Health Organisations" (2001), Wellington: Ministry of Health.

"Nurse Practitioners in New Zealand" (2002), Wellington: Ministry of Health.

Primary Health Care & General Practice in Rural New Zealand Manual – Jean Ross (Rural Academic), Centre for Rural Health, 025 640 8353

Pritchard, P. & Pritchard, J. (1994), Teamwork for Primary and Shared Care: A Practical Workbook, Oxford Medical Publications.

Rural Community Profile Manual – Nick Taylor (Rural Sociologist), Taylor Baines & Associates, Christchurch, 03 313 8458.

Rural Teamwork Manual – Jean Ross (Rural Academic), Centre for Rural Health, 025 640 8353.

Strategic Planning: The Principles, Manual – Jean Ross (Rural Academic), Centre for Rural Health, 025 640 8353

Team Profiles & Team Typing Manual – Keith Royce (Educationalist), Management Training Associates, Christchurch, 03 332 5044 or 025 205 2240.

"The Nurse Practitioner: Responding to health needs in New Zealand" (2002), Wellington: Nursing Council of New Zealand.

"The Primary Health Care Strategy" (2001), Wellington: Ministry of Health.

"Whakatataka: Maori Health Action Plan 2002-2005" (2002), Wellington: Ministry of Health.

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London, M. & Ross, J. (1995), "Professional Responsibilities", Symposium on the delivery of health services to smaller communities, Hamilton, New Zealand.

Ovretveit, J. (1990), "Quality Health Services". BLOSS: Brunel University.

Ross, J. (2001), "Dimensions of Team Effectiveness in Rural Health Services". National Centre for Rural Health, Department of Public Health & General Practice, Christchurch School of Medicine & Health Sciences, Otago University.

Ross, J. (2001), "Role Identification: An Impediment to Effective Core Primary Health Care Teamwork?", Wellington, New Zealand: Victoria University.

Ross, J. (1995), "The Positive Aspects of Health Teams in Rural Areas", NZ Practice Nurse, August, p.87-90.

West, M. & Slater, J. (1996), "Teamworking in Primary Health Care: A Review of its Effectiveness". London: Health Education Authority.

West, M.A. & Pillinger, T. (1996), "Team Building in Primary Care: An Evaluation". London: Health Education Authority.


EDUCATIONAL PROGRAMME FOR RURAL TEAMS
Identification Phase 1
External Resource Personnel
Project co-ordinator
• Rural community identified
• Potential local team members identified
Foundation Framework Phase 2
External Resource Personnel
Project co-ordinator
Rural sociologist
Facilitator
• Consultation with community
• Buy-in & commitment to project
Information gathering:
Community profile developed
Health profile developed
Team members profile developed
Local rural health team leader identified
Key Relationship Phase 3
External Resource Personnel
Facilitator
Project co-ordinator
Relationship building:
• Local team leader with community
• Local team leader with outside facilitator
• Local team leader with team members
Team & Personal Skills Evaluation Phase 4
External Resource Personnel
Facilitator
Training Needs Analysis:
• Local team leader
• Local team members
Development of training action plan
Training Phase 5
External Resource Personnel
Specialised trainers
Facilitator
Targeted training for:
• Local rural health team
• Local team leader
Educational Resource Tool for Rural Teams
Strategic Development Phase 6
External Resource Personnel
Project co-ordinator
Facilitator
Local Rural Health Team:
• Develops strategic plan
• Presents plan to community
Implementation Phase 7
External Resource Personnel
Facilitator
Local Rural Health Team:
• Implements plan
Evaluation Phase 8
External Resource Personnel
Project co-ordinator
Facilitator
Community feedback
Local rural health team feedback
Evaluation of progress
Progress report on:
• Local strategic plan progress
• Local leader performance
• Local team performance
Reporting Phase 9
External Resource Personnel
Project co-ordinator
• Final report back to local rural team
• Final report to funder
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