

# Meetings with teams

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How many teams meetings do you go to regularly? If you give a quick answer you may say one or two, but if you stop to count them up you may be surprised at the number. They may include meetings involved with clinical service, training, audit, management and several other aspects of your work. When I worked as a full time general practitioner, for example, I belonged to a partnership, a medical team, a clinical team, a trainers' group and several more teams—probably about a dozen in all. Given how much time we all spend in team meetings, it is surprising how little attention has been given to running them well, and making sure they work effectively.

Over the last few years I have become increasingly involved in facilitating good teamwork and in teaching others to do so. My interest in this began serendipitously. I was already involved in running courses in reflective supervision. We were struck how many problems brought by the people who attended were about the difficulty of teamwork. We regularly heard of teams where there were simmering disagreements or open conflict. Some doctors told us they found it hard to change the way their own teams worked, and they did not know of any resources to help them. As a result, we set up a facilitation service for teams of clinical teachers as an extension of our work.<sup>1</sup> Our service has now given input to at least one unit in most hospitals in the National Health Service in London, and we have had worked with almost every specialty you can name.

One of the most crucial factors in ensuring teams function well seems how well their meetings are run, and whether they provide a proper forum for airing differences constructively. This may sound obvious, but doctors often feel disenfranchised with their teams because meetings are so poorly organised or unfocused. People drift in and out, one or two people always dominate, the discussion rambles on, and no-one minds very much if a meeting is cancelled. As a result, the overall morale of the team suffers. By contrast, everyone in a good

team meeting has a clear idea of why they are there, what the meeting is expected to achieve, and what they are expected to contribute. In other words, good meetings are primarily about addressing tasks and not about talk for its own sake, or letting personal differences take over the discussion.

## DIFFERENCE AND DISSENT

As well as these structural rules, good meetings appear to have important conversational rules as well. The first of these is that everyone's voice is heard, and actively solicited if it is not. If the most junior people present, or reticent team members, do not say anything, then someone senior needs to make sure that others hold back so they can. Good teams value difference and dissent. They even welcome it as a source of creativity because people learn from each other's perspectives. This means paying more than lip service to issues of age, gender, ethnicity and—although it is not fashionable to mention it these days—social class. Good team leaders make sure that they do not dominate, or allow other powerful individuals to do so, but see team decisions as being exactly what they should be: emerging from dialogue among everyone present. When that fails to happen, meetings are essentially just a place for giving orders, passing on information or playing out personal differences, but not real team discussions.

If I was asked to name one characteristic of teams that function well, it would be that *a good team talks about itself*. In other words, good teams take a regular temperature check. They use time in meetings to question who needs to attend and why, what the team's purposes are, what the ground rules should be, and how they should be communicating with other parts of the organisation. If this kind of reflective practice sounds time-consuming, it is far less so than the muddle that can result when everybody assumes they know what the answers to these questions without checking out if anyone else shares the same assumptions. Most teams that observe these rules appear to function well. With them, team meetings can become stagnant or argumentative.

External facilitation can help teams to improve the way they go about their

work, but this needs people's consent, even if not everyone is totally enthusiastic. Facilitators need to be able to show patience and respect for everyone in the room, indeed to model exactly the same qualities that a good team meeting should have itself. Sometimes this takes the form of an 'Awayday'. While this can help a well-functioning team consolidate its identity and plan new directions, it can be perilous if people are not getting on well. Most experienced facilitators nowadays will only offer an Awayday to a poorly functioning team if it is part of a programme involving preparatory meetings before the day itself, perhaps with opportunities to meet with some individuals separately to hear their views in private before bringing everyone together.

## VALUES AND ATTITUDES

One of the commonest difficulties in teams is that everything gets focussed on disagreements between a few individuals, with one or two taking on the role of being 'difficult'. Although we occasionally come across a person who seems to have an exceptionally inflexible personality, it is commoner to find that differences in values and attitudes have become translated into battles between people. A typical example of this is where a 'moderniser' in a team is seen as heartless and a 'traditionalist' as a stick-in-the mud.

Careful facilitation can clarify these values so that people can understand what motivates their opponents, rediscover their common purpose, and restore trust in the team. Good team working makes a huge difference to patient care and professional satisfaction, and good meetings lie at the heart of team work, so it is worth investing time in making sure they function well, and that everyone feels their work as individuals has been enhanced by being there.

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## REFERENCE

- 1 London Deanery Faculty Development, Educational Team Development Service. <http://www.faculty.londondeanery.ac.uk/educational-team-development> (accessed 24 Nov 2013).

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