Interprofessional Service Learning Project

Toolkit

Session 1 material:  Pages 5-36
Session 2 material:  Pages 37-94
Session 3 material:  Pages 95-116
An Interprofessional Service-Learning Project (ISLP) 2008-09
Junior Doctors of Health: Promoting Healthy Eating and Activity

Through the MUSC Interprofessional Service Learning Project (ISLP), MUSC students from multiple colleges and programs (i.e., medical, nursing, pharmacy, physician assistant, health administration, dietetic interns) work together as an interprofessional prevention education team in a community health service-learning project focused on youth obesity. Students’ learning experience is designed to increase their knowledge and skills in interprofessional community health care collaboration in prevention education. ISLP partners with the MUSC Junior Doctors of Health Program pilot program for students at Mitchell Elementary school on the Charleston peninsula.

Objectives
As a result of their participation in ISLP, students will be able to:
- Recognize the value of interprofessional health care collaboration.
- Discuss the value of a community health approach to healthcare and prevention, including work with community groups.
- Participate in an interprofessional community health service learning project.
- Recognize sociocultural elements relevant to community and individual health.
- Discuss ways to address youth obesity through nutrition and physical fitness.

Didactics
The common didactic curriculum is composed of the following 4 modules located in the ISLP WebCT site:
1) An Introduction to Teamwork
2) Community Health
3) Sociocultural Influences on Health
4) Childhood Obesity

In advance of Session I, students are required to review the “Introduction to Teamwork” module PowerPoint presentation in WebCT and complete the brief quiz. Knowledge of the module’s contents will facilitate your discussion at the first session. The remaining modules are to be reviewed prior to Session 2 and 3.

ISLP Requirements:
Students are to complete the following required activities as part of their participation in ISLP:
1) Review all 4 learning modules in WebCT.
2) Complete the quizzes in WebCT.
3) Participate in the didactic and service learning activity sessions.
4) Work as a group on a PowerPoint presentation about the project. Specific instructions about the PowerPoint presentation format will be presented at the initial didactic session.

Meeting Dates
Didactic Session 1
Wednesday, September 3, 2008  9:00 a.m. – 12:30 p.m.  Family Medicine Center - large classroom
Facilitated by Emily Warren, MSW, AHEC Health Professions Students Coordinator
9:00 am    Team member introductions
Discussion of Module 1 “An Introduction to Teamwork”
9:40 am “Assumptions” Activity – acknowledging stereotypes of healthcare professionals
10:30 am Introduction to the Service-Learning Project, “Junior Doctors of Health” - Scotty Buff, PhD
11:00 am Break
11:10 am Teamwork exercise: complete the project AIM and Measures, assign work
12:00 pm Plan the next session

*Review the Community Health & Sociocultural Influences on Health Modules before Session 2

**Service Learning Activity Session 1**
**Mitchell Elementary**
Thursday, September 4, 2008 3:30 p.m. - 6:30 p.m. (show up & volunteer/watch session)

**Didactic Session 2**
Monday, September 8, 2008 9:00 a.m. – 12:30 p.m. Family Medicine Center - large classroom
Facilitated by Emily Warren, MSW, AHEC Health Professions Students Coordinator
9:00 am Group discussion of Community Health & Sociocultural Influences on Health Modules
9:20 am “Team Zoo” activity
9:45 am “Step-Back” Activity. Each team member presents his/her work (5 min), allows the group to discuss the work (5 min), and then gives individual feedback (5 min)
10:45 am Break
10:55 am Teamwork exercise: revisit the AIM, refine the measures, assign new work
11:25 am Team Skills Evaluation Activity 1 (C3 Team Competency Evaluation Instrument)

*Review the Childhood Obesity Module before Session 3.

**Service Learning Activity Session 2**
**Mitchell Elementary**
Tuesday, September 9, 2008 3:30 p.m. - 6:30 p.m. (educate children)

**Service Learning Activity Session 3**
**Mitchell Elementary**
Thursday, September 11, 2008 3:30 p.m. - 6:30 p.m. (educate children)

**Didactic Session 3**
Tuesday, September 16, 2008 9:00 a.m. – 12:30 p.m. Family Medicine Center - large classroom
Facilitated by Emily Warren, MSW, AHEC Health Professions Students Coordinator

9:00 am Group discussion of the Childhood Obesity Module
9:15 am Each student presents his/her work.
9:45 am Team Skills Evaluation Activity 2 (C3 Team Competency Evaluation Instrument)
10:15 am Project exercise: What did we accomplish? Where is the project going? What are the next steps?
11:00 am Feedback to faculty (ISLP course evaluation form)
Junior Doctors of Health: Promoting Healthy Eating and Activity
An Interprofessional Service-Learning Project (ISLP)
*Dates to remember*

**ISLP Session 1**
Wednesday, July 9, 2008   9:00 pm – 12:00 pm   Family Medicine Center- large classroom

**Mitchell Elementary**
Thursday, July 10, 2008   4:00pm - 6:00 pm (show up & volunteer/watch quiz session)

**Mitchell Elementary**
Tuesday, July 15, 2008   4:00pm - 6:00 pm (show up & volunteer/watch education session)

**ISLP Session 2**
Monday, July 21, 2008   9:00 pm – 12:00 pm   Family Medicine Center- large classroom

**Mitchell Elementary**
Tuesday, July 22, 2008   4:00pm - 6:00 pm (educate children)

**Mitchell Elementary**
Thursday, July 24, 2008   4:00pm - 6:00 pm (quiz children)

**ISLP Session 3**
Tuesday, July 29, 2008   9:00 pm – 12:00 pm   Family Medicine Center- large classroom
An Interprofessional Service-Learning Project (ISLP) 2008-09  
Junior Doctors of Health: Promoting Healthy Eating and Activity

Didactic Session 1

Wednesday, September 3, 2008  9:00 a.m. – 12:30 p.m.  Family Medicine Center - large classroom  
Facilitated by Emily Warren, MSW, AHEC Health Professions Students Coordinator

9:00 am  Team member introductions  
Discussion of Module 1 “An Introduction to Teamwork”

9:40 am  “Assumptions” Activity – acknowledging stereotypes of healthcare professionals

10:30 am  Introduction to the Service-Learning Project, “Junior Doctors of Health”- Scotty Buff, PhD

11:00 am  Break

11:10 am  Teamwork exercise: complete the project AIM and Measures, assign work

12:00 pm  Plan the next session

*Review the Community Health & Sociocultural Influences on Health Modules before Session 2

Supplies and equipment for the first meeting (This list does not include the Junior Doctors of Health materials)

1. Laptop and LCD(?) for the Introduction of Teamwork Module Discussion
2. Big post it pads and markers

Notes:
Assumptions activity is the same as Stereotype activity in SCRIPT
Aims and Measure sheet is similar to SCRIPT
Teamwork

Module 1

What is a Team?

• Two or more individuals with a high degree of interdependence geared toward the achievement of a goal or the completion of a task.
• Teams make decisions, solve problems, provide support, accomplish missions, and plan their work.

How is a Team Different from a Group or Committee?

• Teams embody a collective action arising out of task interdependency
• Members of the team agree on the goal
• Members agree that they must work together to achieve the goal
• Each member is viewed as having one or more important roles to play to successfully achieve the goal
• There is less hierarchy within the unit than in most work groups

Why is Teamwork Important in Healthcare?

• While our healthcare delivery system has the potential to be outstanding, our system currently is not as safe, effective, or efficient as it should be.
• Promoting teamwork and good communication among health professionals can dramatically improve healthcare delivery, resulting in much better outcomes for our patients.
• How do we know this?

We can learn from other industries which have become much more safe

• Airline Industry
  • Historically it was much like healthcare
  • There was no teamwork: the captain was in charge
  • Other crew members understood they must follow the captain’s orders
  • Crew members did not feel empowered to speak up when they sensed something was wrong; when they did summon the courage, their concern was often met with negative responses.
  • Airlines began changing their culture
  • Started Crew Resource Management (CRM) – with emphasis on teamwork
  • Dramatically reduced number of accidents
  • Healthcare is now also working on improving teamwork
We are Familiar with Teams
- We have all been part of a team at one time or another
- Being part of a good team is intrinsically rewarding:
  - It is motivating
  - It is gratifying
  - It can be exhilarating
  - And it can produce great results!
- The result of teamwork is usually far greater than the sum of each individual’s work.

There are Many Types of Teams
- Examples of Teams:
  - **Athletic Team** – people working together to win a game
  - **Natural Work Group** – people working together every day in same office with similar processes and equipment
  - **Business Team** – cross-functional team overseeing a specific product line or customer segment
  - **Improvement Team** – ad hoc team with responsibility for improving an existing process
  - **Healthcare Team** – several healthcare professionals working closely together for the benefit of a patient or group of patients

What are Characteristics of Effective Teams?
- Members have a clear goal
- The focus is on achieving results
- There is a plan for achieving the goal
- Members have clear roles
- Members are committed to the goal
- Members are competent
- They achieve decisions through consensus
- There is diversity among team members
- Members have effective interpersonal skills
- They know each other well and have good relationships

More Characteristics
- Each member feels empowered to act, speak up, offer ideas
- Each member has a high standard of excellence
- An informal climate and easiness exists among members
- The team has the support of management
- The team is open to new ideas
- There is periodic self-assessment
- There is shared leadership of the team
- The team is a relatively small size
- There is recognition of team member accomplishments
- There are sufficient resources to support the team work

Effective Team-Building Takes Time
- There must be frequent and prolonged contact
- Team members come together around a specific goal or project
- Effective teams go through four stages of team development

What are the Four Stages of Team Development?
- **Forming**
- **Storming**
- **Norming**
- **Performing**
- Every effective team goes through these life cycle stages
Forming
- Team members are introduced and begin getting to know each other
- Goals and tasks are established
- Generally polite behavior among members
- Norms are not understood

Storming
- Members are sizing each other up and may feel more comfortable and voice their views
- Members may compete for team roles
- May argue about goals or how they should be accomplished
- May choose sides against other members

Norming
- Once issues are resolved, agreement occurs around team norms and expectations
- Trust and common interests are developing
- Roles and objectives are clarified and understood

Performing
- Members make contributions and are motivated by results
- Leadership is shared according to members' knowledge and skills
- Norms and culture are well understood
- Tasks get accomplished effectively and efficiently

Skills, Knowledge, and Group Process Skills are Essential
- Teams must have members who are hard-working and have expertise related to the team goal
- Teams also need members with excellent people and communication skills who will attend to the needs of members and help nurture the team as a whole

Members Contribute to the Team in a Variety of Ways:
- They may help achieve the team task by:
  - Initiating proposals
  - Seeking information
  - Providing information
  - Clarifying information
  - Summarizing ideas
  - Gaining consensus
  - Holding members accountable
- They may promote a positive attitude and good communication by:
  - Serving as the communication gatekeeper
  - Encouraging members
  - Resolving conflict
  - Acknowledging feelings
  - Setting standards
  - Maintaining openness
# Teamwork Requires A New Way of Thinking

- "Talent wins games, but teamwork wins championships"  
  - Michael Jordan
- "Do you want a collection of brilliant minds or a brilliant collection of minds?"  
  - R. Meredith
- "The ratio of 'We's' to 'I's' is the best indicator of the development of the team"  
  - Lewis B. Egan
- "None of us is as smart as all of us."  
  - Ken Blanchard

From: *Teamwork and Teamplay*

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## Team Member Responsibilities

- Members have responsibility to the goal and to each other
- Must do the work they committed to on time
- Must be on time for meetings
- Must respect each other
- Must be open to feedback and improving team effectiveness

## Team Meetings

- Team meetings should be held regularly
- An agenda should be distributed so everyone knows what the meeting is about and who is responsible for each item.
- Meetings should be started and ended on time

## Team Members’ Roles

- Teams should have at least three assigned roles for team meetings:
  - A facilitator – to proceed through the items on agenda
  - A recorder – to capture the decisions and needed actions
  - A time-keeper – to keep people aware of the time on each agenda item
- Roles should be rotated to encourage greater buy-in

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## Healthcare Teams Must Form and Gel Quickly

- Healthcare professionals become members of many different healthcare teams
- These teams may not be able to have as much time together as is ideal
- Therefore, each professional must understand the importance of teams and how to be an effective team member to allow the team to work well.

## A Team Approach Benefits:

- Health Outcomes
- Patient and Family Satisfaction
- Morale of Healthcare Professionals
- Healthcare’s Time is Now!
References


Teamwork Questions

1.) Teams are different than committees or other groups in all of the following ways EXCEPT:
   a. There is a high degree of interdependency among members
   b. Members, regardless of the roles they play in the organization, are substantially on an even footing in their interactions with each other
   c. Members exhibit a great deal of individual autonomy when deciding on, and executing actions to reach, the goal
   d. Members play one or more important roles to enable successful achievement of the goal
   Answer: c

2.) For teams to be effective, which one of the following conditions must be present?
   a. Several goals to work on at a time
   b. Flexibility and tolerance for dealing with an important team member’s occasions of tardiness and absences to meetings
   c. A team leader who is knowledgeable, dominant, confident in his/her opinions and who keeps tight control of the team meetings
   d. Members who feel confident about speaking up and offering ideas that may be different from what the majority of team members are thinking
   Answer: d

3.) Relatively early in the formation of the team some team members may work to impress others and try to assume a formal leadership role. This behavior may be annoying to others, but it is not unusual. It is an example of which stage of team formation?
   a. Forming
   b. Storming
   c. Norming
   d. Performing
   Answer: b

4.) True or False: For a team to be effective, it must include at least one member who is task oriented and at least one member who can nurture the team and promote positive attitudes.
   a. True
   b. False
   Answer: a

5.) True or False: Most teams require a good bit of time for members to get to know each other and trust each other and work well together.
   a. True
b. False
Answer: a

6.) True or False: It is a good idea at team meetings to have the same team member lead each meeting and have the same team member record the meetings because the consistency will help the team meetings run more smoothly and will ensure greater member buy-in.
   a. True
   b. False
       Answer: b

7.) True or False: A team approach helps improve patients’ outcomes, patients and families’ satisfaction and the morale of the health professionals.
   a. True
   b. False
       Answer: a
Creating Collaborative Care (C3) is an interprofessional education initiative embraced by the Medical University of South Carolina as an integral part of student learning across all colleges and programs. An important first step in working effectively with others around a common goal is the development of teamwork competencies. These competencies require knowledge, skills, and attitudes that enhance overall performance for health care practitioners and researchers.

**Definition of a Team**

1. Teams consist of two or more individuals with a common goal.
2. Team members have specific roles that include specific tasks that the members interact around to coordinate their efforts to achieve a common goal or outcome.
3. Teams make decisions, solve problems, provide support, accomplish missions, and plan their work.
4. Teams possess all the required specialized knowledge, skills, and/or resources required to serve their mission and often function under conditions of high workload.
5. Teams differ from small groups in that they embody a collective action arising out of task interdependency. Teamwork characteristically mandates an adjustment on the part of team members to one another, either sequentially or simultaneously, in an effort to accomplish team goals.
6. High performance teams’ members are mutually accountable for each other’s performance.

**Knowledge Competencies**

1. Define teams and describe when the use of teams is valuable or necessary
2. Define basic processes involved in understanding group dynamics and give examples of strategies for using these processes effectively
   a. Communication
   b. Decision-making
   c. Group problem solving
   d. Group development stages
3. Define the behaviors that lead to effective teamwork
4. List the attributes and attitudes found in effective teams

**Skills: As a team member, contributes to group effectiveness by demonstrating the following behaviors that contribute to:**

**1. Achieving the group task**

   a. **Initiating**: Proposing tasks, goals, or action, defining group problems, suggesting a procedure.
   b. **Seeking Information**: Asking for opinions, facts, and feelings
   c. **Giving Information**: Offering facts, giving an opinion or idea.
   d. **Clarifying**: Interpreting or elaborating on ideas; asking questions in an effort to understand or promote understanding.
   e. **Summarizing**: Pulling together related ideas; restating suggestions; offering a decision or conclusion for group to consider.
   f. **Consensus taking**: Asking if a group is nearing a decision; sending up a trial balloon to test a possible conclusion; asking everyone where they stand on an issue, whether they agree or disagree.
   g. **Accountability**: Takes responsibility for contributing, completing tasks, assumes roles of facilitator, recorder, timekeeper, supports team decisions
2. **Maintaining a positive group attitude and communication**

   a. **Communication Gatekeeper**: Helping others to participate; keeping communication channels open, keeping people from dominating conversation.

   b. **Encouraging**: Being friendly, warm, and responsive to others, indicating (by facial expression or remark) interest in others' contributions.

   c. **Resolving Conflict**: Helping people explore their differences, agree on common points; reconcile disagreements, relieving tension in group, admitting own errors.

   d. **Acknowledging Feelings**: Reflecting feelings of the group, expressing process related progress of the group, i.e., "we seem to be getting frustrated".

   e. **Setting Standards**: Setting norms for group behavior and activity, testing whether group is satisfied with its procedures, pointing out explicit or implicit norms.

   f. **Openness**: Recognizes and acknowledges the diverse roles, strengths and styles of group members.

**Attitudes: As a team member, demonstrates the following attitudes**

1. Appreciation of the value of team decisions and a positive regard for teamwork
2. Respect for all team members
3. Mutual trust
4. Openness to feedback and improving team effectiveness
5. Importance of a shared vision

Developed by MUSC’s Creating Collaborative Care (C3) Implementation Committee, in consultation with Tom Kent, PhD, College of Charleston and Valerie T. West, Ed.D, Medical University of South Carolina, November 2007.
Assumptions Activity

• List stereotypes
• Student response by discipline
  • What do you do as a health professional?
    – What activities define your discipline?
    – What is unique about your profession?
  • What issue is your profession facing?
  • Practice? Legal? Ethical?
Community Focused Health Promotion Activity

Interprofessional Service Learning Prevention Project

Initial Plan for
Community-Focused, Health Promotion Activity

Task force/organization name: Junior Doctors of Health
Address: MUSC, Student Harper Center
PO Box 250175
45 Courtenay Drive, SS450
Charleston, SC 29425-0175

Liaisons Name: Phone #: E-mail address:

Team Member Names: Phone #: E-mail address: Discipline

What are you trying to accomplish? (AIM)

How will you know you have met your aim? (MEASURE)

How will you get there? (PLAN)

What will each team member do?

Conference #2 date: Time: Place:
What went well?
What needs improvement?
What are we learning?

Conference #3 date: Time: Place:
What went well?
What needs improvement?
Where is the project going—next steps?

Also, please refer to C3 Team Competencies Evaluation Instrument for more what went well/went could be improved.

Developed by Lowcountry AHEC for the South Carolina Rural Interdisciplinary Program of Training (SCRIPT)
An Interprofessional Service-Learning Project (ISLP) 2008-09
Junior Doctors of Health: Promoting Healthy Eating and Activity

*Didactic Session 2*

Monday, September 8, 2008  9:00 a.m. – 12:30 p.m.  Family Medicine Center - large classroom
Facilitated by Emily Warren, MSW, AHEC Health Professions Students Coordinator

9:00 am           Group discussion of Community Health & Sociocultural Influences on Health Modules
9:20 am           “Team Zoo” activity
9:45 am           “Step-Back” Activity. Each team member presents his/her work (5 min), allows the group to discuss the work (5 min), and then gives individual feedback (5 min)
10:45 am          Break
10:55 am          Teamwork exercise: revisit the AIM, refine the measures, assign new work
11:25 am          Team Skills Evaluation Activity 1 (C3 Team Competency Evaluation Instrument)

*Review the Childhood Obesity Module before Session 3.

Supplies and equipment for the second meeting (This list does not include the Junior Doctors of Health materials)
1. Laptop and LCD(?) for the Community Health & Sociocultural Influences on Health Modules discussion

Notes:
1. Team Zoo activity is the same as in SCRIPT.
2. Step-back Activity
3. C3 Evaluation form
   - As the students are filling out the form, make sure they understand that what’s in the parenthesis is only a guide and someone does not have to meet all the criteria in order to get a check mark.
   - You can fill out as well.
   - Take up and hold on until the following week.
Community Focused Health Promotion

Module 2

An Introduction to Community-Focused Health Promotion

Learning Objectives

Following completion of this presentation, you should be able to:
1. Define community health, including its key concepts
2. Describe steps to get started on a community health promotion project
3. Discuss the change process in a planned change

What is Community Health?

• Community health:
  – Focus on the overall health of a community based on analysis of population indicators and community systems
  – Ultimate goal is to improve health of the community

What is a Community?

• A group of people who share something in common
  – A school, church, town, community, Community Health Center, etc.
  – Senior citizens, gay-lesbian coalition, breast cancer survivors, etc.
• A geopolitical unit, such as a city, town, or county.

Tenets of Public & Community Health

1. Comprehensive & systematic process
2. Partner with the people
3. Priority on primary prevention
4. Create environment in which people can thrive
5. Actively reach out to all
6. Concern for greater good of all people
7. Stewardship & allocation of resources
8. Collaboration with other professions & organizations
Key Concepts

- Special attention is provided to vulnerable and underserved populations:
  - e.g. low-income, minorities, children, elderly (vulnerable)
  - Rural, inner-city (Underserved)

Key Concepts

- Partnership/Community-Driven
  - All aspects of needs assessment, program planning, & evaluation involve partnership with the community
- Expands Definition of Traditional Primary Care
  - Addresses primary, secondary, & tertiary prevention
  - Foster a continuum of care
- Encompasses an Interprofessional/Team Approach

Key Concepts

- Care Delivered Through Smaller, More Humanistic Organizations
  - Reduces barriers
  - Develops close relationships with intended community group

Targets for Community Projects

- Healthy People 2010 Health Indicators
  - Physical Activity
  - Overweight and Obesity
  - Tobacco Use
  - Substance Abuse
  - Responsible Sexual Behavior
  - Mental Health
  - Injury and Violence
  - Environmental Quality
  - Immunization
  - Access to Health Care
  ([www.healthypeople.gov](http://www.healthypeople.gov))

Getting Started with A Community Health Project

- Learning about the community/population
  - What does the community want/need help with?
  - What programs/projects have been or are being done?
- Sources of information
  - Key informant interviews with community leaders, e.g., ministers, school principals, political leaders
  - Focus groups with community members who are “in the know”
  - Town Hall meetings

Getting Started: Learning about Your Audience

- Who is the intended audience?
- What are the characteristics of the intended audience?
- Sources of demographic information:
  - Census Bureau ([www.census.gov](http://www.census.gov))
  - Agency data about participants in programs that may be the target audience
    - School records, members of a Senior Center, members of a church group, etc.
  - Surveys to evaluate population characteristics
    - Personality profiles, surveys of learning styles, etc.
Getting Started: Learning about Contributing Factors

- What are the Contributing Social & Environmental Factors impacting the health of the community?
  - Sources of Information
    - Windshield/walking survey of the community to visually describe social & environmental assets and issues in the community.
    - Environmental Protection Agency (www.epa.gov)
    - Census Bureau for data about the economy, education, employment, housing, poverty, household composition, etc. of the community.
    - State Health Department (www.scdhec.gov)

Preparing for Change

- What More Can Be Done?
  - What is proposed?
  - What is the expected outcome?
  - What are the barriers/facilitators?
- What Type of Assistance Does the Community Need/Want?

Change Process

1. Recognize indicators of need for change
2. Diagnose the need
3. Identify the goal of the project
4. Identify process measures/data to evaluate progress
5. Generate and analyze alternative solutions
6. Implement the change
7. Evaluate the change
8. Stabilize the change

Promoting Change

- Kurt Lewin – Force Field Analysis
- "According to Kurt Lewin "An issue is held in balance by the interaction of two opposing sets of forces" - those seeking to promote change (driving forces) and those attempting to maintain the status quo (restraining forces). Lewin viewed organizations as systems in which the present situation was not a static pattern, but a dynamic balance (equilibrium) of forces working in opposite directions. In order for any change to occur, the driving forces must exceed the restraining forces, thus shifting the equilibrium."  

- Lewin, a social psychologist, developed a method of diagramming these forces that is known as a Force Field Analysis.

Change

➤ Types of Change
  ➤ 1st Order – incremental change that maintains the system as it exists. Rearranging the deck chairs on the Titanic in an effort to preventing the sinking is an example of this. In health care, educational programs are an example of 1st order change.
  ➤ 2nd Order – changes that result in a rearrangement of how the system functions. In the Titanic example, a redesign of the ship hull would be a 2nd order change. In health care, redesigning the health care delivery system would be an example of this.
Implementing Change

- Change results from interventions designed to either strengthen the driving forces or weaken the restraining forces.
- To promote change toward healthier communities, citizens are key in the development of interventions.
- Change at the community level occurs over time.

Designing Interventions

- When designing interventions, it is important to determine:
  - The level of prevention that will be the focus of the program or project
  - The level of the community to be addressed by the program

Levels of Prevention

- There are 3 levels of prevention that need to be considered:
  - **Primary** – these are generally health promotion & disease prevention activities. An example would be teaching a group of women breast self-exam or a group of men testicular self-exam techniques.
  - **Secondary** – interventions at this level include actions to identify disease early prior to clinical signs and institute treatment measures to prevent progression. Screening for cardiovascular risk factors is an example of this.
  - **Tertiary** – interventions at this level are designed to provide some level of rehabilitation to individuals or population groups with chronic health problems, such as diabetes or cardiovascular disease. An example would be provision of community nutrition classes for people learning to live with Type 2 Diabetes.

Levels of Community Intervention

- Interventions can be designed to target different levels of the community –
  - Interventions designed to target **individuals & families** most often occur in a clinic, provider office, or in the home, as in home health care.
  - To reach larger numbers of people with a health message or change strategy, programs can be designed to target **groups and populations**. For example, a parish nurse might provide blood pressure screening for the congregation following the Sunday service.
  - **Community systems**, can also be the focus of an intervention. Working with a neighborhood to develop a crime watch project is one example of this. Another example is use chart review data related to patients with diabetes to change the standards of practice in a group of federally funded clinics.

Remember . . .

- ... You are assisting the community in a much larger project so...
  - You probably won’t accomplish everything
  - Think small steps

<table>
<thead>
<tr>
<th>Planning Tool for Developing Interventions that Address the Levels of Prevention and Levels of Community Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem: Prevention</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td><strong>Individuals &amp; Families</strong></td>
</tr>
<tr>
<td><strong>Groups &amp; Populations</strong></td>
</tr>
<tr>
<td><strong>Community Systems</strong></td>
</tr>
</tbody>
</table>

When planning interventions, use of a table such as this one, is quite useful to guide thinking about the types of interventions that might be designed to address the identified problem at the different community levels, as well as levels of prevention.
Changing America

- The US is the most ethnically diverse nation in the world.
- The US has over 100 ethnic, racial, and cultural groups from all parts of the world.
- By 2050, the average US resident will trace ancestry to Africa, Asia, Pacific Islands, Hispanic or Arab countries, not European countries.

What is Culture?

- Shared body of learned beliefs, traditions and guides for behaving and interpreting behavior that are shared among members of a particular group.
  - Visible aspects: clothing, art, food, etc.
  - Less visible aspects: values, norms, worldviews, expectations
- Culture is dynamic and changes over time

What is Cultural Diversity?

- Differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization or nation.
  - Race – group membership is based on markers such as skin color
  - As a cultural marker, race is diminishing in importance
  - Ethnicity – group membership is based on sharing of similar cultural patterns that over time create a common history and is resistant to change

What is Cultural Competency?

- A set of knowledge based interpersonal skills
- Awareness of one's own cultural value
- Awareness and acceptance of diversity
- Understanding of the dynamics of difference
- Ability to be non-judgmental and inclusive
- Ability to adapt service/clinical setting to fit the cultural context of the patient
### Four Principles of Culturally Competent Care

1. Care is designed for the specific patient or population group
2. Care is based on the uniqueness of the person's or group's culture and includes cultural norms and values
3. Care includes self-empowerment strategies to facilitate decision making for health
4. Care is provided with sensitivity to the unique needs of each person or group


### Generalization Vs. Stereotyping

<table>
<thead>
<tr>
<th>Generalization</th>
<th>Stereotype</th>
</tr>
</thead>
<tbody>
<tr>
<td>A starting point</td>
<td>An ending point</td>
</tr>
<tr>
<td>Points to common trends, but more information is needed to determine if appropriate to an individual</td>
<td>No attempt is made to learn if it applies to an individual</td>
</tr>
<tr>
<td>Open to exceptions</td>
<td>Short-cut assumptions of expectations of how a group will behave</td>
</tr>
<tr>
<td></td>
<td>Frozen and static</td>
</tr>
</tbody>
</table>

### Avoiding Stereotypes

“Just as a family history of heart disease cannot be a certain predictor that a particular family member will suffer from that disease, membership in a particular culture does not mean that any individual member will necessarily reflect the customs, traditions, and beliefs generally associated with that culture.”

S. Salimbene, 2000

### Aspects of Culture

1. Sense of self and space
2. Communication and language
3. Dress and appearance
4. Food and eating habits
5. Time and time consciousness
6. Relationships, family, friends
7. Values and norms
8. Beliefs and attitudes
9. Mental processes and learning style
10. Work habits and practices

### Mainstream American Culture

- Time Dominates
- Individual/Privacy
- Competition
- Action/Goal/Work Orientation
- Directness/Openness/Honesty
- Materialism
- Change
- Human Equality
- Personal Control Over Environment
- Self-help
- Future Orientation
- Informality
- Practicality/Efficiency

### Influences on Cultural Beliefs

- Age
- Family background
- Socioeconomic status
- Educational background
- Urban vs. rural origin/geographic region
- Length of time in the United States
- Level of acculturation to U.S. lifestyle
<table>
<thead>
<tr>
<th>Steps to Improve Cross-Cultural Communication</th>
<th>Steps to Improve Cross-Cultural Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Self-awareness.</td>
<td>• Seek out information when faced with perplexing situations.</td>
</tr>
<tr>
<td>• Avoid acting on stereotypes and assumptions.</td>
<td>• Tolerate ambiguity.</td>
</tr>
<tr>
<td>• Listen with respect.</td>
<td>• Establish trust and show concern and empathy.</td>
</tr>
<tr>
<td>• Increase culture-specific awareness without stereotyping.</td>
<td>• Show sensitivity to face-saving needs.</td>
</tr>
<tr>
<td>• Treat each person uniquely.</td>
<td>• Have a sense of humor and patience.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Steps to Improve Cross-Cultural Communication</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be aware of nonverbal messages.</td>
<td>• Awareness that cultural differences exist - don’t make assumptions, be inquisitive.</td>
</tr>
<tr>
<td>• Listen for hidden meanings.</td>
<td>• Acceptance that differences exist - be respectful and sincere.</td>
</tr>
<tr>
<td>• Avoid language with questionable connotations.</td>
<td>• Adaptability to provide an outcome that respects everyone, including everyone’s cultural background.</td>
</tr>
<tr>
<td>• Walk in the other person’s shoes.</td>
<td></td>
</tr>
</tbody>
</table>
Team Zoo

• Adapted from the South Carolina Rural Interdisciplinary Program of Training (SCRIPT)

• Building Effective Teams developed by Diane Kennedy, Center Director, Lowcountry AHEC Center and Beth Kennedy, South Carolina AHEC

Personal Strengths Survey

• Today’s Exercise will help you to understand…
  – more about your individual “natural strengths”
  – about the “natural strengths” of others
  – how our styles mesh with others
  – how we may need to compromise in relationships/teams
  – How our individual strengths make us valuable

Directions…

1. Go through each box, circle each word that describes you consistently!
2. Double the number of words you circle to come up with a total each box.
3. Take the total scores and transfer them to the graph & connect the dots

What Type are You?

• The 4 letters of each section represent a personality type
  – Everyone is a combination of some of each type
  – Many people have 2 primary personality styles

Not “Locked In”

• Each of us can tap into all 4 styles
• Categories not meant to categorize, but to raise awareness…
  – of where we are today
  – where we fall naturally &
  – where we need to put our energy

Strengths and Weaknesses

• Strengths, just slightly out of balance can…
  – Become our biggest weaknesses & most irritating behaviors
• So, let’s look at each of these styles in terms of
  – “how they serve” and
  – “how they unnerve” others.
Lions
- Take charge leaders
- Usually the bosses, or like to think they are
- Decisive, bottom line
- Doers, not watchers or listeners
- Love to solve problems
- Hard side can cause problems, if they're not careful

Beaver
- Strong need to do things right & by the book
- They like maps, charts, & organization
- Great at quality control
- Rules, consistency, & high standards very important
- Beavers can take it too far & may need to learn to communicate with warmth/compassion

Otters
- Excitable, fun seeking
- Cheerleader types
- Like to yak, yak, yak
- Great at motivating others
- Great net workers
- Can be soft & encouraging
- Sometimes weak out of a desire to be liked

Golden Retrievers
- Loyal, loyal, loyal
- Great listeners
- Empathizers & warm encouragers
- Sometimes fail at being tough when it is needed

Teams Can Be a Zoo
- With all these animals running around on our team
- Each animal is ESSENTIAL to the team
- Each has GREAT STRENGTHS
- Challenge…
  - Tapping that strength
  - Balancing or complimenting it with other’s strengths
  - Not letting that strength go to its extreme
    - Inevitably becomes a weakness.
Team Building

Be **Aware** of All Team Member’s Personality Strengths and Your Own!!!
Personal Strengths Survey

- Circle each word or phrase that seems to describe a consistent character trait of yours.
- Next, add up the number of words and phrases you circled in each box.
- Then double your score to come up with a total in each box.
- Take the total scores from all the boxes and transfer them to the graph below the survey and connect the dots.

<table>
<thead>
<tr>
<th>L</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes charge</td>
<td>Bold</td>
</tr>
<tr>
<td>Determined</td>
<td>Purposeful</td>
</tr>
<tr>
<td>Assertive</td>
<td>Decision maker</td>
</tr>
<tr>
<td>Firm</td>
<td>Leader</td>
</tr>
<tr>
<td>Enterprising</td>
<td>Goal driven</td>
</tr>
<tr>
<td>Competitive</td>
<td>Self-reliant</td>
</tr>
<tr>
<td>Enjoys challenges</td>
<td>Adventurous</td>
</tr>
</tbody>
</table>

“Let’s do it now!”

Number of words circled above X 2 = ______

---

<table>
<thead>
<tr>
<th>O</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take risks</td>
<td>Fun loving</td>
</tr>
<tr>
<td>Visionary</td>
<td>Likes variety</td>
</tr>
<tr>
<td>Motivator</td>
<td>Enjoys change</td>
</tr>
<tr>
<td>Energetic</td>
<td>Creative</td>
</tr>
<tr>
<td>Very verbal</td>
<td>Group oriented</td>
</tr>
<tr>
<td>Promoter</td>
<td>Mixes easily</td>
</tr>
<tr>
<td>Avoids details</td>
<td>Optimistic</td>
</tr>
</tbody>
</table>

“How it was done in the past”

Number of words circled above X 2 = ______

---

Personal Strength Survey Chart

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<tr>
<th>L</th>
<th>B</th>
<th>O</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15</td>
<td></td>
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<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

1 Adapted from Two Sides of Love, by G. Smalley & J. Trent, 1999.
MUSC Creating Collaborative Care (C3) Team Competencies Evaluation Instrument

This instrument is intended to assess the demonstration of team competencies exhibited by an individual or group during a single or series of team/group meetings. The instrument may be completed by an outside observer, the team as a group, or individual team members providing a self and/or peer assessment. Write the name of each group member in the first row spaces. As a person or group performs a task or demonstrates an attitude, put a check in the appropriate space.

<table>
<thead>
<tr>
<th>Names of Each Member or Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Rater: _________________________</td>
</tr>
<tr>
<td>Date: __________________________</td>
</tr>
</tbody>
</table>

### Achieving the Group Tasks

1. **Initiating** (proposing tasks, goals or actions; defining group problems; suggesting a procedure)
2. **Seeking information** (asking for opinions, facts and feelings)
3. **Giving information** (offering facts, giving an opinion or idea)
4. **Clarifying** (interpreting or elaborating on ideas, asking questions in an effort to understand or promote understanding)
5. **Summarizing** (pulling together related ideas, restating suggestions, offering a decision or conclusion for group to consider)
6. **Consensus taking** (asking if a group is nearing a decision; sending up a trial balloon to test a possible conclusion; asking everyone where they stand on an issue, whether they agree or disagree)
7. **Accountability** (taking responsibility for contributing, completing tasks; assuming roles of facilitator, recorder, timekeeper; supporting team decisions)

**Overall Rating of Group Effectiveness on Achieving Tasks:** Poor Fair Good Excellent

### Maintaining Positive Group Communication

1. **Communication gatekeeper** (helping others to participate, keeping communication channels open, keeping people from dominating conversation)
2. **Encouraging** (being friendly, warm and responsive to others; indicating [by facial expression or remark] interest in others’ contributions)
3. **Resolving conflict** (helping people explore their differences, agree on common points, reconciling disagreements, relieving tension in group, admitting own errors)
4. **Acknowledging feelings** (reflecting feelings of the group, expressing process related to progress of the group, i.e., “we seem to be getting frustrated”)
5. **Setting standards** (setting norms for group behavior and activity, testing whether group is satisfied with its procedures, pointing out explicit or implicit norms)
6. **Openness** (recognizes and acknowledges the diverse roles, strengths and styles of group members)

**Overall Rating of Group Effectiveness on Maintaining Positive Communication:** Poor Fair Good Excellent

### Attitudes

1. **Appreciation** of the value of team decisions and a positive regard for teamwork.
2. **Respect** for all team members.
3. **Mutual trust**.
4. **Openness** to feedback and improving team effectiveness.
5. **Importance of a shared vision**.

**Overall Rating of Group Effectiveness on Attitudes:** Poor Fair Good Excellent
Comments:

What went well in the Group?

What could improve future team functioning?
An Interprofessional Service-Learning Project (ISLP) 2008-09
Junior Doctors of Health: Promoting Healthy Eating and Activity

Didactic Session 3

Tuesday, September 16, 2008  9:00 a.m. – 12:30 p.m.  Family Medicine Center - large classroom
Facilitated by Emily Warren, MSW, AHEC Health Professions Students Coordinator

9:00 am    Group discussion of the Childhood Obesity Module
9:15 am    Each student presents his/her work.
9:45 am    Team Skills Evaluation Activity 2 (C3 Team Competency Evaluation Instrument)
10:15 am   Project exercise: What did we accomplish? Where is the project going? What are the next steps?
11:00 am   Feedback to faculty (ISLP course evaluation form)

Supplies and equipment for the second meeting (This list does not include the Junior Doctors of Health materials)
1. Laptop and LCD(?) for the Childhood Obesity Module discussion

Notes:

1. C3 Evaluation form
   o Have the students complete a new form.
   o Give them back Session 2 C3 evaluation form (after they complete the new one).
   o Ask them to compare the 2
   o Where do they see gaps and how can they work to overcome?
   o Collect all forms back
   o Scan and email them to Dr. Blue

2. ISLP Course Evaluation
   o After they complete the eval ask them to share the bottom 4 questions
   o Collect forms
   o Scan and email to Dr. Blue
Childhood Obesity in the Nation

• Approximately 30 percent of youth (ages 6 to 19) are overweight and 15 percent are obese.
  – Roughly 9 million children (6-11) are considered obese.
  – Over the past three decades, the childhood obesity rate has more than tripled.

• Excess weight in childhood and adolescence has been found to predict overweight in adults.

• Overweight children, aged 10 to 14, with at least one overweight or obese parent were reported to have a 79 percent likelihood of overweight persisting into adulthood.

CDC, National Center for Health Statistics, NHANES. Ogden et. al. JAMA 2002;288:1728-1732

Childhood Obesity in the Nation

• In a population based sample, approximately 60 percent of obese children aged 5 to 10 years had at least one cardiovascular disease (CVD) risk factor, and 26 percent had two or more CVD risk factors, (elevated)
  – total cholesterol
  – triglycerides
  – insulin
  – blood pressure

• Youth are at risk for serious psychosocial burdens related to being obese in a society that stigmatizes this condition, often fostering:
  – shame
  – self-blame
  – low self-esteem
  – impaired academic and social functioning

© 2005 African American, Hispanic American and Native American children and adolescents have particularly high obesity prevalence.

Drawn from Preventing Childhood Obesity: Health in the Balance, 2005 • Institute of Medicine • www.iom.edu

Childhood Obesity

Module 4

Childhood Obesity: Collaborating to make a difference

Donna Kern, MD, Scotty Buff, PhD
Medical University of South Carolina
Emily Warren, LMSW, Lowcountry AHEC

Childhood Obesity in the Nation

Physical, Social, and Emotional Health Consequences of Obesity in Children and Youth

Drawn from Preventing Childhood Obesity: Health in the Balance, 2005 • Institute of Medicine • www.iom.edu

<table>
<thead>
<tr>
<th>Physical Health</th>
<th>Emotional Health</th>
<th>Social Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose intolerance and insulin resistance</td>
<td>Low self-esteem</td>
<td>Stigma</td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>Depression</td>
<td>Negative stereotyping</td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td>Discrimination</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td></td>
<td>Teasing and bullying</td>
</tr>
<tr>
<td>Hepatic steatosis</td>
<td></td>
<td>Social marginalization</td>
</tr>
<tr>
<td>Cholelithias</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep apnea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental abnormalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Preventing Childhood Obesity: A National Priority

Preventing Childhood Obesity: Health in the Balance, 2005 • Institute of Medicine • www.iom.edu

• Few studies testing potential solutions within diverse and complex social and environmental contexts.
• The health concerns are immediate and warrant urgent preventive actions.
• Preventing childhood obesity is a collective responsibility requiring individual, family, community, corporate, and governmental commitments.
• The key will be to implement changes for this issue from many directions and at multiple levels, and through collaboration with and between many sectors.

•...
Obesity in South Carolina

2005 Youth Risk Behavior Survey of high school students:
- 13% are overweight, and 14% are at risk for becoming overweight.
- 70% did not meet currently recommended levels of physical activity.

How is overweight calculated in childhood?
- BMI is determined for each child based on height and weight. (indirectly assesses "fat")
- The child’s BMI is plotted on age-specific/sex-specific growth charts.
  - Acceptable amount of body fat changes with age
  - Body fat differs for boys vs. girls
- Resource:
  http://www.cdc.gov/nccdphp/dnpa/bmi/childrens_BMI/about_childrens_BMI.htm#How%20is%20BMI%20used%20with%20children%20and%20teens

How is obesity calculated in childhood?
- Underweight : < 5th %
- Healthy weight : from 5th % to < 85th %
- Overweight: from 85th % to <95th %
- Obese: ≥ 95th % or a BMI of 30+

School-based Interventions
Multiple components of successful programs:
- Activity
- Nutrition education
- Health report cards raise parents awareness
- Healthy marketing strategies


Sedentary Behavior in Youth
- Screen Time (TV/computer/video) Triple Strike:
  - Decreased energy expenditure
  - Marketing of food that is high calorie and low in nutritional value.
  - Eating while watching TV increases calories consumed
  - the TV is on during meals in 63% of households
  - the TV is on "most" of the time in 51% of households


Sedentary Behavior in Youth
- 28 % of young people spend >5 hrs/day in screen-related activities.
- Children with a TV in their bedroom (68% of 8-18 yr olds) spend about 1.5 hours more per day watching TV than children without.
- Sedentary behavior is moderately stable during middle childhood.
- Increasing vigorous activity and decreasing screen time may reduce childhood obesity.

School-based Interventions

- Policy Changes needed
  - Increasing physical education/sports participation
  - Increasing activity
    - Safe walking/cycling routes to school
    - Built environment encourages activity


Look for Potential Partners

- AHEC
- Health Professions Students
- Academic Health Centers-faculty/administration
- Schools and school systems
- School nurses associations
- DHEC
- Communities in Schools
- State-specific obesity prevention organizations

Potential Partners

- American Academy of Family Physicians’ Ready, Set, FIT! is a school-based educational program that teaches 3rd and 4th graders about fitness.
- Robert Wood Johnson Foundation Publications, data, funding opportunities
  http://www.rwjf.org/programareas/programarea.jsp?pid=1138

Exercise Through Play!

- MUSC 3rd year student project
- Jan 2007 at an elementary school in a rural county
- Team: student, AHEC coordinator, principal, after school coordinator, family physician preceptor.
- Target Population:
  - elementary school students
  - teachers
  - parents

Other projects in that county facilitated by AHEC in 2006-2007

“Parental Support in Fighting Childhood Obesity”
CHAFF: Changing Household Attitudes About Fast Food
Childhood Obesity: Teaching Children About Nutrition
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**Overall Rating of Group Effectiveness on Achieving Tasks:** Poor Fair Good Excellent

### Maintaining Positive Group Communication

<table>
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</table>

**Overall Rating of Group Effectiveness on Maintaining Positive Communication:** Poor Fair Good Excellent

### Attitudes

<table>
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<td></td>
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<td>4. <strong>Openness</strong> to feedback and improving team effectiveness.</td>
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<tr>
<td>5. Importance of a <strong>shared vision</strong>.</td>
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</tr>
</tbody>
</table>

**Overall Rating of Group Effectiveness on Attitudes:** Poor Fair Good Excellent
Comments:

What went well in the Group?

What could improve future team functioning?
Please circle your level of agreement with each of the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The computer module “An Introduction to Teamwork” was valuable to my learning about teamwork.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Working with other students on the project improved my teamwork skills.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The “Assumptions Activity” (first session) helped me better understand professions different than my own.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Working with other health professions students on the project helped me better understand professions different than my own.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I acquired valuable information about preventing child obesity through this experience.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The overall experience increased my appreciation for interprofessional collaboration.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The learning experience (group sessions, project instructions) was well organized.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**I would rate the effectiveness of our teamwork on the project as:** (please circle)

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

**Write one new feature of teamwork you learned during this experience:**

**Write one new aspect of a profession different than your own you learned during this experience:**

**What were the strengths of this learning experience?**

**How could the learning experience be improved?**