



Using Personas to Explore Team Composition

Small Group Session Facilitator's Guide

Purpose

The purpose of this document is to give facilitators a quick set of notes on how to facilitate Team Mapping. This is part of the overarching approach to exploring team structures. The last page gives examples for roles, tasks, and communication. It should be printed out for quick reference during the small group sessions. This was developed to support **in-person sessions** but is useful to review for virtual sessions as well.

Prior to the Mapping:

Complete the **preparation step** for team mapping, including session set up, community engagement and persona selection. If helpful, refer to the [facilitator training videos](#) (what is team mapping, how a team map works, what is a persona).

Set up: Post-It Note Colour Conventions

Before setting out to facilitate a Team Mapping session, facilitator(s) should assign a specific colour and size Post-Its to roles, tasks, gaps, and critiques. For example:

- Purple narrow (e.g. 1"x3") Post-It – **roles** placed on the map by the original mapping group
- Yellow narrow Post-Its – **tasks** placed on the map by the original mapping group
- Green large (e.g. 3"x3") Post-Its – **gaps** identified by either the original or critiquing group
- Pink narrow Post Its – additional or adapted tasks placed on the map by the critiquing group

These colour conventions are only suggestions. It is important to make sure that roles are differentiated from tasks and gaps to facilitate analysis after maps are filled in. *Colour conventions should be explained to Team Mapping session participants at the beginning of small group session(s).*

Overall Process for Team Mapping in Small Groups

At the beginning of the session make sure you provide an orientation to session participants. Feel free to share team mapping videos and/or adapt the intro slide deck to do this. See [team mapping resources](#). The facilitator introduces the persona to participants, reading off the persona sheet. Scenarios are presented in order, and prompts are provided in the persona descriptions to encourage discussion after the introduction of each scenario.

Steps:

1. Identify who is at the table (i.e., professional designations: Nurse Practitioner(s), Family Doctor(s), Medical Office Assistant(s), Nurse(s), etc.).
2. Encourage participants who may wear multiple 'hats' and particularly those in leadership roles who come from clinical backgrounds, to wear their clinical 'hats' for the mapping activity.
3. Remind participants of the Post-It Note Colour Conventions.
4. Place the persona picture in the middle of the circle, and introduce the first persona, reading through the first scenario, and facilitating discussion about who should make up the care team for that specific scenario.

5. Introduce additional scenarios for the first persona and facilitate further discussion on team composition.
6. Fill out the Summary Sheet and capture gaps when a group cannot reach consensus on a specific topic or area of focus.
7. If there are multiple small group sessions happening at the same location, facilitate a review round. Remain at the map you are facilitating and provide a high-level summary of the discussion to reviewing group as they come in to annotate the existing team map.
8. Repeat the process with another persona(s).

Specific Points to Consider

1. Encourage Broad Thinking

Get ideas about the circle of care to provide context.

The focus is on what happens in the medical home (i.e., the “Patient’s Team” circle) and the group should spend more time there, but having context of expected services elsewhere (e.g. hospitals) may also be relevant.

2. Encourage People to Be Specific

Get the participants to talk about **why they are recommending specific roles** and get them to **verbalize and document the services they think that provider is providing**. Encourage time boxing: while you are asking them to think about the ideal future, also ask about the shorter term, for example, **“in a year and a half, what might this look like?”**, to get people to think realistically. Also add in prompts about space: **“if this role is added to the Primary Medical Home, where would the role be physically located/how would space be shared?”** This will spur conversation.

Feel free to reuse some terms we are now standardizing for roles and tasks. for example: primary care provider, primary care pharmacist, primary care RN, foot care RN, MOA.

Feel free to **push people to define ROLES Vs. professional designations** (e.g. **“Will there be multiple office roles that Medical Office Assistants will fill including: reception, referral clerk, clinical Medical Office Assistant (rooming patients, vitals, etc.)”**; **“Will there be different Registered Nurse roles they want to consider (wound care, foot care, etc.)”**; **“Will there be a Primary Care Provider, an On-Call Provider, a Doc of the Day?”**. It’s OK if these are filled by the same person/people but it helps to name the roles to get everyone thinking about how the team will work together.).

Really **focus on roles that will be within the Patients Team, or within the Primary Medical Home** (i.e. the middle ring) versus the outer ring. It is often hard for people to put roles out into the outer ring if they think those are important for a patient. Remind people that **the position on the ring does not always indicate “closeness to the patient”** — i.e. “I am really close to my Physio, but he is not part of my primary care clinic”.

New ways of working — do take some time to **prompt a bit for how roles will interact**. You can place a shared electronic medical record and a shared care plan Post-It on the map as separate “things” if there is a discussion about this during Team Mapping. Sometimes there are notes about things, such as team huddles, but you want to get them thinking more about how members of a team interact.

3. Group Size

Encourage small break out groups. When determining the number of break out groups, be prepared to reassess after late arrivals to ensure that groups have **no more than 8 participants** (ideally 6 or 7). Larger groups can be formed if necessary but do not work as well in person (virtual groups can be larger).

4. Encourage Table Talk from Everyone

As a facilitator, you want to **encourage discussion**. “We need a doctor” followed by silence is not what we want. **“What will she do?” “How will the patient see her?” “Who will she talk to in this case?” “Who else can do that work?” “Who supports that on the team?” “Is that someone in the practice or an outside service? Why?”**

Watch for quiet people and watch body language. Encourage different ideas and make sure everyone adds to the discussion.

In cases where you will have more than one facilitator per station, especially if you have a larger group of participants per station (e.g., 7 or more), you will have both a facilitator and at least one note taker. The role of a note taker is to document important parts of the discussion and bring points that were mentioned but were not properly discussed (either because of dominating personalities or because of a large number of ideas presented in a short period of time) back into the discussion. The note taker records information into the Summary Sheet provided.

5. Be Flexible

You can be flexible if there is something that the participants want to add to the patient persona. They need to describe why it’s important and you can capture that. The personas are meant to be a guide to spur conversation. You can change the personas collectively if it suits the goals of understanding the nature of the team and the services that need to be provided.

6. If you are working with multiple groups have a Review Round

Allow the review group to review and annotate a map created by another group, **encourage positive reflection and additive models**.

- **“What works well?”**
- **“What can be improved? How?”**

Capture ideas with Post-It notes to augment/annotate first group model, but do not change the model. Use a unique color of Post-It note to distinguish review round additions.

7. Final Check-In Before Photography (

Ask participants to do a final scan of map for things they might have missed or that are in the wrong circle. **Make sure all Post-It notes are visible** – not blocking one another or illegible (because of ink/Post-It note colour combinations or poor writing). **Make sure that roles that have been added in round 2 are highlighted accordingly**. Remove any objects obscuring the map (pens, notepads). **Check for ‘orphaned’ tasks, roles with no tasks** and ‘things’ being represented by role cards (may be appropriate). Ensure that role cards contain roles not people’s names. Ensure that role card meaning is clear. (These last 2 steps can be skipped virtually of course!)

8. Photography

Take 5 photographs of the map after critiquing: 1 overall and then 4 pictures, one of each quadrant, starting at 12 o’clock and going clockwise. Label these photos with the persona’s name and a number (1-5). Note that for simple maps a single overall photograph may be sufficient – use your discretion. Make sure photograph quality is adequate before moving on (particularly if you are going to remove Post-It notes from a map to use it for the next persona).

9. Reflect Back Throughout the Team Mapping Session

In the small group use active listening to reflect back and summarize main points discussed when consensus starts to form (or doesn't around certain areas). Sometimes it is OK to acknowledge differences and offer that this can be an open question to the big group.

Team Mapping Facilitator's Guide Example Roles

- Family Physician
- Group Physician (covering)
- On-Call Physician
- Specialist MD (can be specific – psychiatrist, cardiologist)
- Methadone /Suboxone Prescriber
- Registered Nurse (RN) (Primary, Covering, etc.)
- Nurse Practitioner (NP)
- Licensed Practical Nurse
- Medical Office Assistant (MOA)
- Focused Nurse (e.g. wound care, foot care, hepatitis C treatment)
- Mental Health Nurse
- Midwife/Maternity Care
- Physiotherapist
- Occupational Therapist
- Social Worker
- Integrated Care providers (Naturopath, Acupuncture)
- Dietitian
- Counselor
- Psychologist
- Pharmacist (e.g. in primary care team)
- Pharmacy (Pharmacist, Staff)
- Mental Health Case Manager
- Community Team
- Education Nurse
- Outreach Worker (Primary, Secondary)
- Emergency Department (MD, RN)
- Hospital (MD, RN, SW, etc.)

Example Specific Tasks (Think “Verbs & Actions”)

- Triage acute issues
- Diagnose
- Establish Treatment Plan
- New Medication Rx
- Review bloodwork/results
- Renew Medication Rx
- Provide Education
- Manage Chronic Disease(s)
- Provide Exercise Advice
- Provide Cross Covering
- Provide On-Call/After-Hours Care
- Provide Preventive Care (e.g. Immunizations)
- Provide Wound Care
- Support Navigation
- Provide Outreach/Home Visits
- Manage Referrals
- Manage Hospital Contact/Communication
- Coordinate Care Visits/Appointments
- Complete Forms and Paperwork
- Provide Crisis Navigation

Example Communication (Provider Connectedness and Communication Patterns)

- Communicate with Pt/Family
- Request Historical Information
- Provide Information
- Document in/Review Shared Record
- Request Advice (Informal)
- Request Assessment/Treatment
- Manage Referral
- Manage Orders (e.g. Specific Task, Rx)
- Transfer Care (to another provider e.g. to hospital, from hospital)
- Coordinate as Care Team (Team Huddle)