

# Virtual Team Mapping Facilitator Training

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WORKBOOK



**Innovation Support Unit**  
primary care innovation through collaboration

## welcome

This workbook is meant to help guide you through the virtual **Team Mapping Facilitator Training**. It will walk you through the three stages of the Team Mapping method. If you are attending the facilitator training workshop, you can follow along the presentation as our facilitators walk you through the method and practice.

## the innovation support unit

The Primary Care Innovation Support Unit (ISU) has been established at UBC through the Department of Family Practice to connect, engage, and collaborate with groups who are actively involved in innovation in primary care in BC. Our work is focused on community-situated, team-based care (TBC).

The ISU has created the Team Mapping method to help developing team-based care initiatives (Primary Care Network (PCN), Primary Medical Home (PMH), etc.) explore and describe how new teams could be structured or how existing clinical practice teams could be restructured on an ongoing basis as part of team development.

## target audience

The Team Mapping facilitator training is geared towards clinical practice support coaches who are or will be deployed in communities to work with forming team-based practices. We see your role in supporting the transition to highly functioning teams, seamless team member onboarding, and exploration of complex patient cases in teams (e.g. case management, team huddles).

## support

ISU team members will be available to help you with any questions or concerns. Please contact [isu@familymed.ubc.ca](mailto:isu@familymed.ubc.ca)



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## how to use this workbook



This workbook is meant to be used as part of the virtual Team Mapping Facilitator Training workshop, for reviewing concepts learned during the workshop, or as a stand-alone instructional guide for the entire Team Mapping process. **Learning Steps** have been included to walk you through the method, and **Workshop Activities** have been highlighted. If you are using this workbook as part of the virtual facilitator training workshop, the training presentation and workbook sections are aligned and color-coded (i.e., colour blocks in the upper corner of each page). Additional documents will be discussed throughout the workshop; the attachment icon indicates additional guides and templates that can be helpful tools in all stages of Team Mapping. You can use these documents when you facilitate your own Team Mapping sessions. Some of these we will use during the workshop to practice the steps outlined in this workbook. You can also access these documents online: [www.familymed.ubc.ca/ISU](http://www.familymed.ubc.ca/ISU)

## learning outcomes

During the virtual facilitator training workshop, participants will:

- Learn about the Team Mapping method, the provincial context for its use, and roll-out of coaching supports;
- Learn about the different benefits of Team Mapping at various stages of team formation;
- Engage in a three-stage Team Mapping process simulation;
- Develop Team Mapping preparation, session facilitation, and analysis/reporting skills;
- Learn about the difference between Team Mapping at PCN level and focused Team Mapping as an 'at-the-elbow support' that coaches can use at the clinic level;
- Develop an understanding of the core roles and tasks that are frequently central to Team Mapping discussions;
- Apply the ISU Team Mapping tools in a simulation;
- Develop a mentorship partnership with the ISU to support future Team Mapping in communities.



## virtual workshop



The Team Mapping Facilitator Training workshop has been recently re-designed to be delivered in a format that involves some pre-work, followed by a 2.5 hour virtual workshop, facilitated over MIRO and Zoom with a follow up session focused on facilitation practice. Please refer to the Team Mapping Facilitator Agenda step-by-step instructions.

The first two sections of this workbook (The Team Mapping Method and Team Mapping Orientation) will be covered in the [Team Mapping Facilitator Training Video Playlist](#) that we ask you watch prior to the team mapping facilitator training, along with the introduction to the simulation community we will be working with in the sessions. (Please feel free to work through these sections of the workbook as you watch the videos.)

You can find the videos here:

[https://www.youtube.com/playlist?list=PLVcaar9stiAIX5wA2DU4CJeDqCDI8vk\\_I](https://www.youtube.com/playlist?list=PLVcaar9stiAIX5wA2DU4CJeDqCDI8vk_I)





# Part 1: Introduction and Preparation Stage

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## the team mapping method

The ISU's Team Mapping method is a facilitated workshop that helps groups explore how they can work together to support patient primary care needs as a team. Team Mapping uses local evidence to ensure relevance and co-creation techniques to engage providers and other stakeholders in exploring how a team can be structured and how teams can work together to support patient needs. This is done by mapping out care team roles and tasks for simulated patients on large paper circles of care.

The Team Mapping method engages patients and providers as equal partners in the exploration of various configurations of team-based primary care. This process supports a facilitated discussion that can also strengthen relationships and foster team development. The discussion is often structured around key issues related to scope of practice and individual community level resources. While we have been using the Team Mapping method to support PCN-level initiatives, the method was designed to support clinic level teams. We anticipate that facilitators who participate in this training will use the Team Mapping method more often at the clinic or team-within-a-clinic level to support forming and existing teams.

## why do team mapping?

The Team Mapping method helps teams at all stages of development to better understand how they could meet their populations' needs with a healthcare team. It is also a way to get team members and stakeholders together on the same page. Team-based care is complex and creating an appropriate and effective team is a continuous process. The benefits of Team Mapping vary depending on the stage the team is at (conceptual, forming, established). Participating in Team Mapping helps build relationships as well as core interprofessional competencies among team members.



## core competencies for team mapping participants



The Team Mapping method helps teams develop core competencies in alignment with the National Interprofessional Competency Framework (CIHC, 2010), and its six competency domains: (1) Interprofessional Communication, (2) Patient/Client/Family/Community-Centred Care, (3) Role Clarification, (4) Team Functioning, (5) Collaborative Leadership, and (6) Interprofessional Conflict Resolution.

## how to make team mapping successful?



We recommend including a diverse range of clinical expertise and support roles who may work together as a clinical team in a Team Mapping process. Consider family doctors, other physicians, Medical Office Assistants (MOAs), nurses, nurse practitioners (NPs), midwives, pharmacists, physiotherapists, occupational therapists, social workers, and dietitians. Also consider patient, caregiver, and community perspectives, including local First Nations. Other roles may also be present depending on the practice design (e.g. outreach).

## goals and value of team mapping



Team Mapping creates a safe space for teams to explore team structure and function and facilitates useful discussion about how a team could work in specific communities or practice settings. Through the process of Team Mapping, facilitators identify key learnings for a specific community and translate those into actionable steps to improve the delivery of care and professional working environment. In addition, the Team Mapping process is also a team building activity. Team Mapping creates a safe space to explore team composition. The use of personas encourages these discussions to remain patient focused, while also supporting learning about the scopes of practice of team members. While supporting team building, this kind of work can also catalyse a culture shift at the practice level and for individual team members as shared role understanding is developed within a team.



## team mapping session orientation

Team Mapping helps teams explore how they could work together using personas, or simulated patient cases, that focus discussion on the care needs of specific communities. Personas are designed to reflect the care needs of specific communities. Personas are informed by local data and can be adapted to align with specific community contexts.



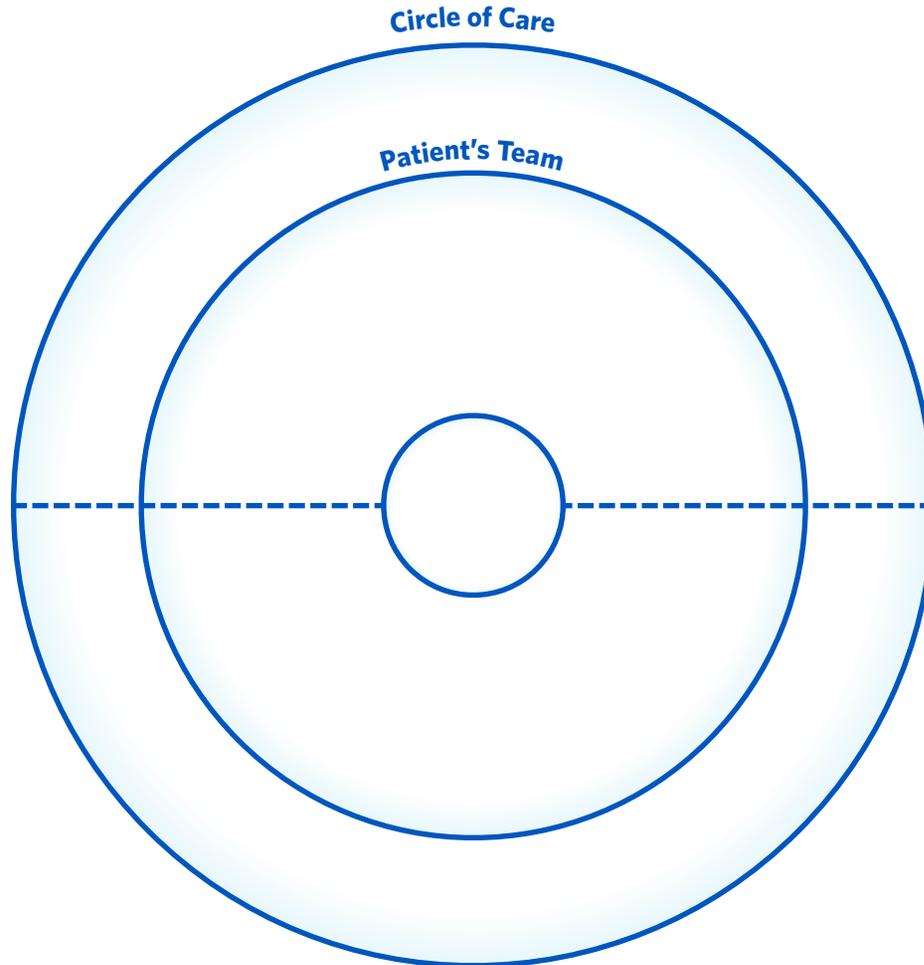
As facilitators, you will guide teams through the Team Mapping process. Together, you will draw circles of care for a number of personas and map out how a team could best support the personas. A circle of care refers to the patient's own health care system, which changes together with the patient's care needs. It includes all providers, both formal and informal.

When you are facilitating Team Mapping, it is important to ensure teams are considering care in a realistic future. When the group is unable to come to consensus on a particular role or task or if there are questions that emerge during the Team Mapping session, these can be captured as gaps.

It is important to remind people that a 'role' is not necessarily a 'person' or provider, and that one team member can cover multiple roles for different patients (e.g. a physician could be a primary care provider for one patient and an on-call doctor for another). When you are facilitating the Team Mapping process, it can be helpful to distinguish between roles and tasks as follows: roles are nouns, while tasks are verbs.



## circle of care mapping



**Circle of Care** - the whole map - the patient's own health care system. It changes as the patient's care needs change. It includes all providers, both formal and informal.

**Patient's Circle** - the patient, their close family/friends/ caregivers.

**Patient's Team** - the TBC team for the patient that are part of the patient's medical home.

**Outer Ring** - Other providers that are not part of the collaborative team being imagined but would be care providers (e.g. referred to services, emergency, hospitals).

**The Line** - self access (above) vs referral (below).





## (large) group orientation

The goal of the Team Mapping session is to guide participants through Team Mapping to create a safe space to explore team structure and function. These are highly interactive sessions where you, as a facilitator, help participants explore how a new team could support patient care. If you are working with more than 10 participants, introduce the group to the Team Mapping process first before dividing up the group into smaller groups.



### **Learning Step: Introduce the Team Mapping Method**

Facilitate the introduction to the Team Mapping method using the Team Mapping Intro Slide Deck. Discuss the complexity of team-based care and how Team Mapping can offer a useful way of addressing some of the issues with forming teams or working in teams.

### **Learning Step: What Roles Are Present?**

If individuals in the group are not aware of each other's roles, have a group discussion and identify the clinical and support roles in the room to get a sense of who is present and where the discussion may go based on who is in the room. This will also inform how a large group should be divided into smaller groups for the Team Mapping portion of the session, if needed.



### **Guides and Templates**

Team Mapping Intro Slide Deck



## persona example: Dorothy

Keywords: acute primary care, senior, Urgent and Primary Care Center

### Persona:

Dorothy is a 70-year-old female with a history of chronic obstructive pulmonary disease, osteoarthritis in knees, sciatica. Dorothy is a retired laboratory manager and hospital administrator. She now volunteers on several local boards in <LOCATION>. She has a family doctor, but it is hard to get in to see him as the practice is very full, with wait times often being 2-3 weeks.

### Scenario A:

Dorothy's health is fairly stable.

- **Who would be on the care team?**
- **Are there any tasks that you already see for these roles?**
- **PROMPT: describe how her chronic disease management is handled across the team.**

### Scenario B:

It is flu season. Over the last week and a half, Dorothy has developed a worsening cough, which has become productive of green sputum with fever/chills at night. This is a chronic obstructive pulmonary disease exacerbation. She cannot get in to see her family doctor until later next week. Her daughter visits to bring soup. Seeing how sick her mother is, she immediately takes Dorothy to the Emergency Department. There is a long wait, so she comes down to the <LOCAL URGENT CARE FACILITY>.

- **Who sees Dorothy at <LOCAL URGENT CARE FACILITY>?**
- **What happens? (Assume want to treat with Abx, +/- chest x-ray or bloodwork)**
- **How is care coordinated for Dorothy?**

### Persona Points:

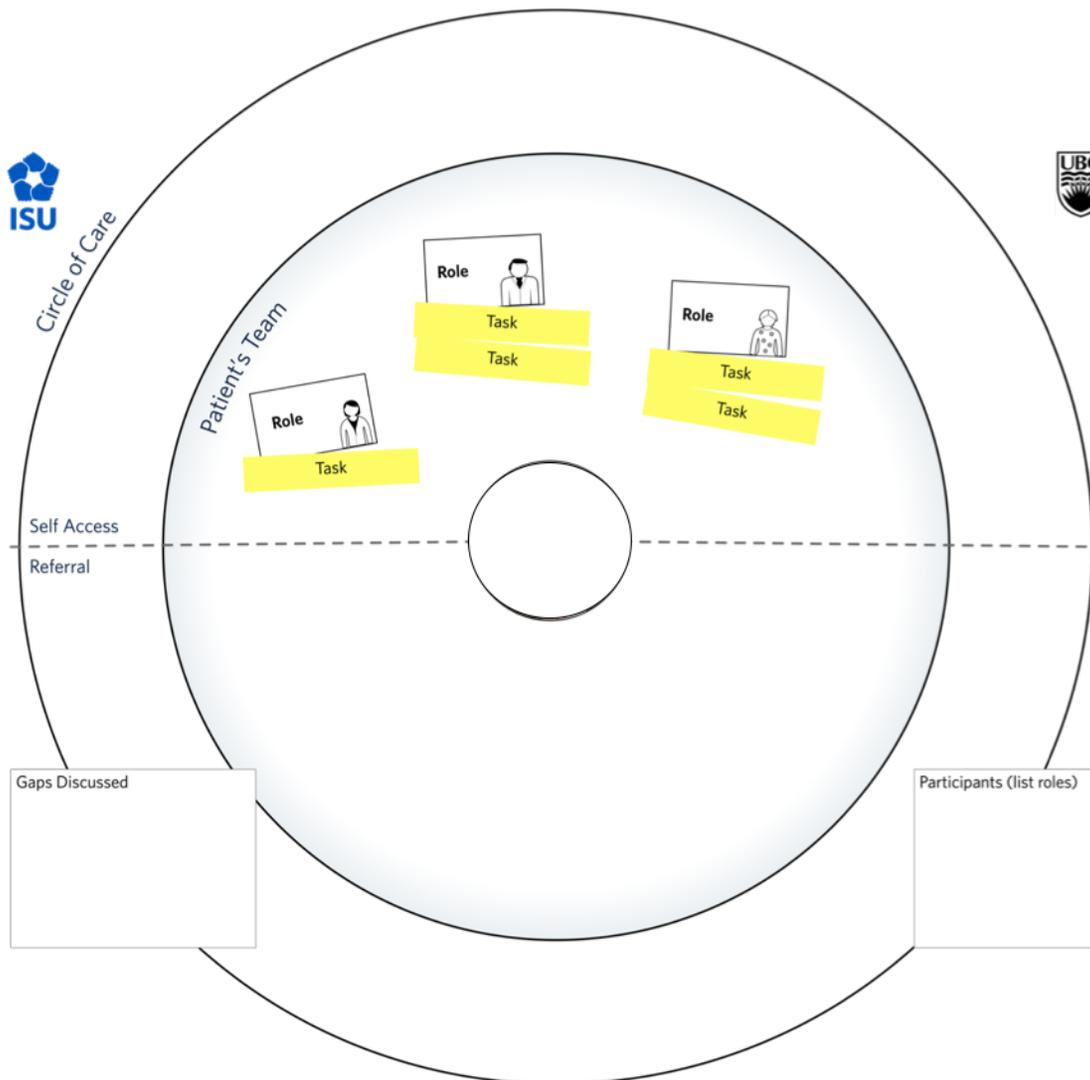
This simple persona was designed to explore the following:

- How to do team mapping;
- Acute upper respiratory tract infection management;
- Coordinate follow up with family doctor - communication method?





## circle of care mapping example



Dorothy's picture and any family members or friends who may support her should be placed in the centre circle of the map. As Dorothy and scenarios get introduced (see the ISU Persona Library), roles and tasks discussed around the table by the team should be placed in the appropriate areas of the circle of care map.

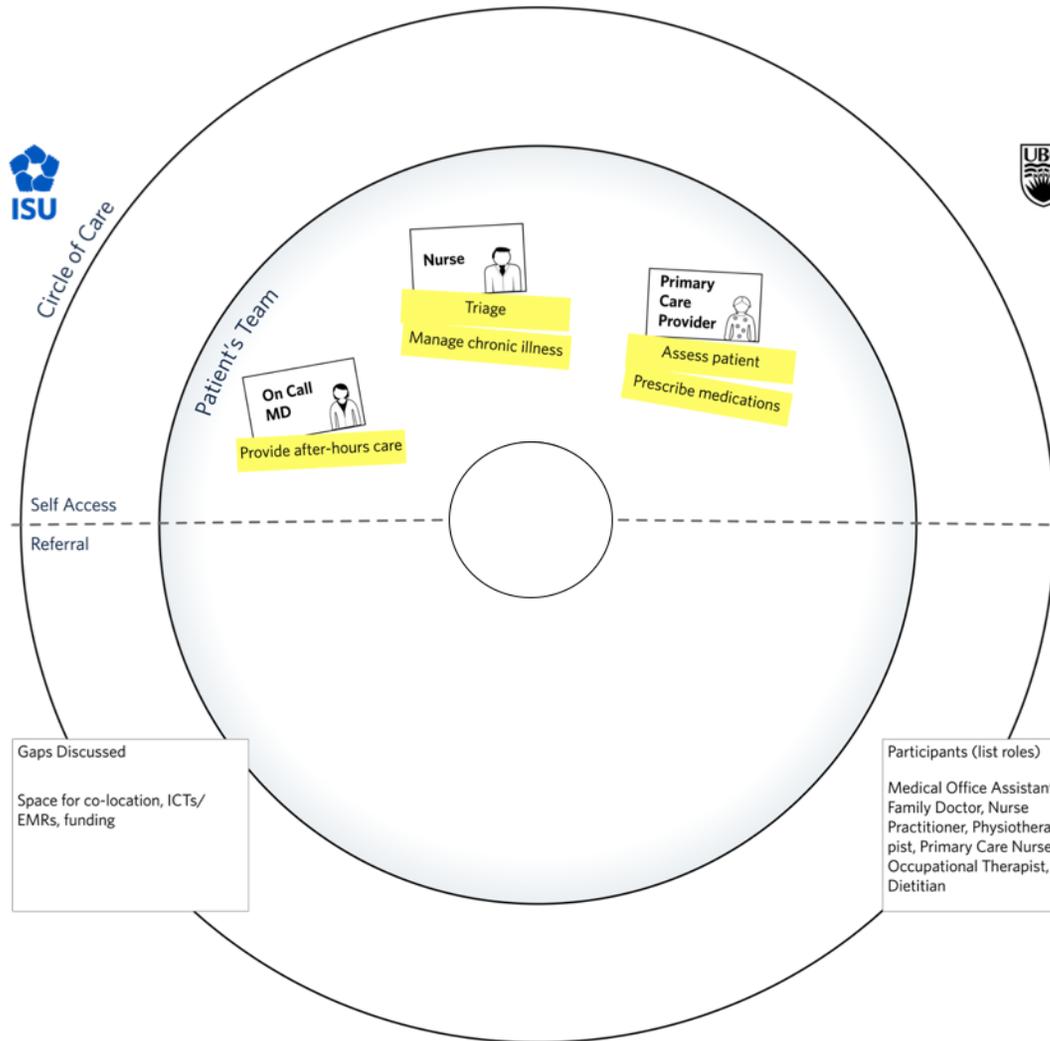
Anyone Dorothy would see without a referral, and who is part of the team from the perspective of the group doing the mapping (e.g. roles with direct responsibility to the patient and each other) would be placed in the "Patient's Team" circle above the dotted line. Anyone within the team who requires a referral to see a patient would be placed in the "Patient's Team" circle below the line (e.g., dietitian).

The team drawing out the map collectively decides where to place each role (this is where the importance of round-table discussion can be seen). Any roles that are not part of the team but are in Dorothy's circle of care would be placed in the "Circle of Care" circle (e.g., if she needed to see a specialist in the community who is not embedded in the team or if she could self-access supports in a community organization, such as a seniors' centre).

**OPTIONAL Pre-Work Activity:** Begin to map out Dorothy's circle of care.



# circle of care mapping example for Dorothy



This is an example of a very simple circle of care map for Dorothy, which is meant to demo the approach to mapping out a team for a persona and how it may look, especially for those who do not have the opportunity to attend the Team Mapping facilitator workshop. This circle of care map may look differently depending on who is at the table mapping the team. It is important to have a wide representation of roles at the table (and it can be valuable to have actual team members who are or will be working together as well as clinical roles who may not be part of the team but may work with the team on an ongoing basis, **if relevant**).

There is space on the lower right portion of the map to identify the professional designations of the Team Mapping session participants. You may leave it empty if everyone at the table knows each other's roles. As group discusses roles that should be responsible for addressing Dorothy's medical concerns, the role cards get placed in the appropriate areas of her circle of care. Tasks associated with each role are also placed in the circle of care. As the group discusses care for Dorothy roles and/or tasks may be moved around until consensus is reached.

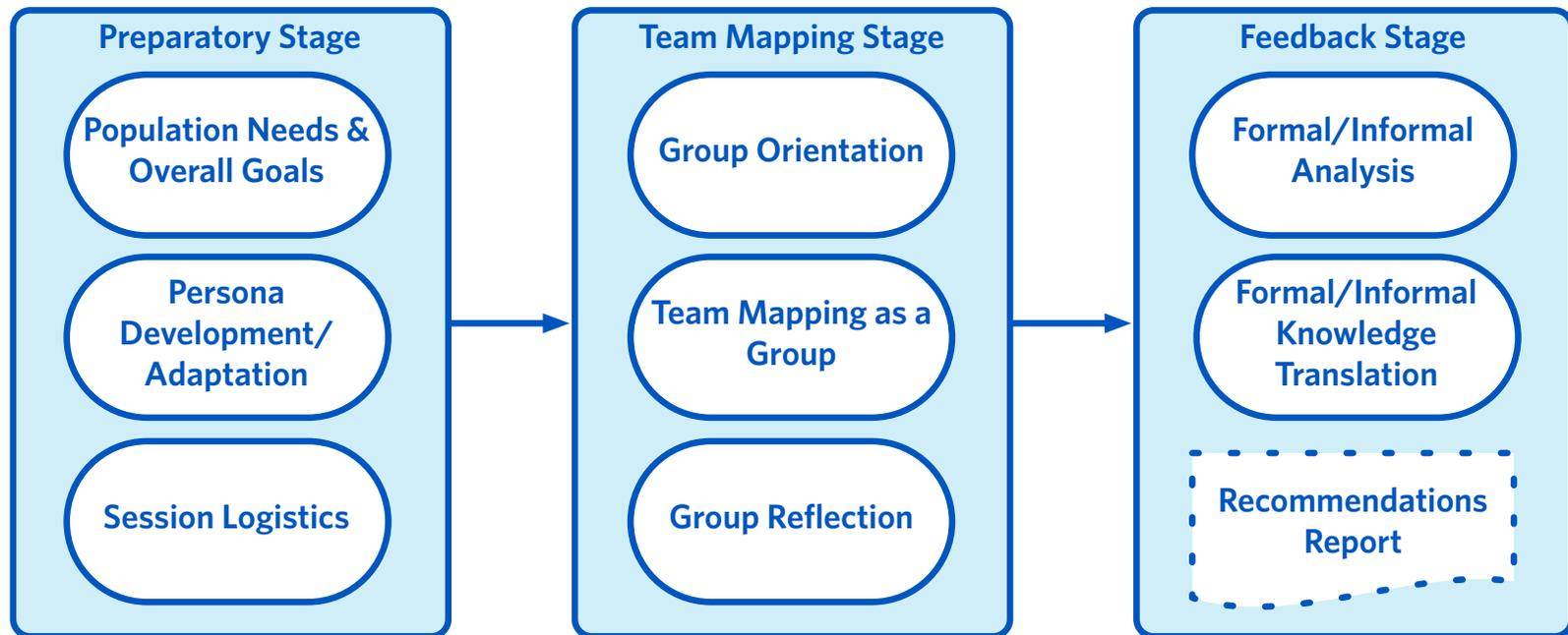
In certain situations, consensus may not be possible; in this case, the discussion points can be captured as **gaps** to be addressed at a later time.



## three stages of the team mapping process

The Team Mapping process consists of three stages: 1) Preparatory, 2) Team Mapping Session(s), and 3) Feedback. The **Preparatory Stage** is focused on ensuring that community or clinic context is identified and embedded into the materials that will be used in the Team Mapping session(s). The **Team Mapping Stage** is a rapid, facilitated, workshop-style intervention allowing a group (or groups if you have multiple facilitators) of individuals to explore how a healthcare team could be best structured to support specific needs of a patient persona. The **Feedback Stage** is focused on aggregating information collected during the session(s) and providing specific and actionable steps to the community or clinic to improve patient care and team function processes.

As an in-clinic coaching support, the focus of most of the Team Mapping Facilitator Training effort will be on Team Mapping Stage.





## population needs and overall goals

The goal of the preparatory stage is to develop a specific plan for the Team Mapping session(s) with a community or practice. This includes scheduling a session or sessions, determining who needs to be in the room, and reviewing local data to support the selection and adaptation of relevant personas to ensure they align with the needs identified by the community or practice.

*NOTE: If you are working with a team or community you already know well, extensively reviewing the background information may not be necessary. Adapt your approach depending on the scope of Team Mapping session(s) that you are planning.*



### Learning Step: Review Available Data/Information

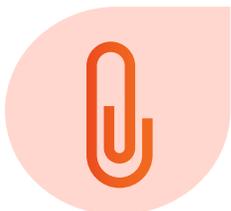
Review existing documents (service plans, Local Health Authority (LHA) profiles and or Electronic Medical Record (EMR) data) to inform persona selection/adaptation and identify areas of focus for the Team Mapping session. You may use the Community Prep Worksheet Template or adapt/simplify it to focus on the areas that are applicable.



The ISU has developed a Key Stakeholder Interview Guide that can be used to guide a conversation with one or two key stakeholders (usually clinical leads or key providers) to identify more specific areas of focus in preparation for the Team Mapping session.

**Pre-Workshop Activity:** Review the [AllisWell video](#) to provide some context for the simulated community we will be working with in the session. Select 2 personas from the persona library subset (003) in your workshop materials

*NOTE: clinical leads and community stakeholders often have community-specific insights and are aware of issues that may not be highlighted in official documents. Encourage them to share these insights to inform the selection or development of community relevant personas.*



### Guides and Templates

Community Prep Worksheet Template  
Community Stakeholder Interview Guide



## persona development/adaptation

Based on population data, background information, and conversations with key stakeholders, select personas from the Persona Library to use in the Team Mapping session that align with the care needs of the community or practice. You can also create new personas to reflect other areas of focus if there are no suitable personas in the library. The ISU is happy to support the creation of new personas if needed.

### **Learning Step: Review ISU Persona Library and Choose Personas that Match Population Clinical Needs**

Based on what you know about the clinic or the patient population that the team you are working with supports, choose persona outlines from the ISU Persona Library that might meet their Team Mapping needs. If you are working with a clinic or a specific team within a clinic, you can involve team members in the persona selection as part of the stakeholder interview process.

*NOTE: We do have an extensive Persona Library available online which we update often. You can use your clinical background or work with a clinical lead to create new personas if needed. If you decide to create your own persona, it would be helpful for us and other Team Mapping facilitators if you could share the new persona with us so we can update the existing Persona Library and make it accessible to everyone.*

### **Workshop Activity: Review Abridged Persona Library and Select Personas**

Review the Abridged ISU Persona Library provided and familiarize yourself with the general themes that are explored in each persona outline. Work in dyads to select personas that you feel that align with the needs of GreenTown and the AllisWell Clinic.

### **Guides and Templates**

- ISU Persona Library
- ISU Persona Blank Outline
- ISU Persona Pictures for Printing
- Persona Development Guide
- ISU Background Community Worksheet



## session logistics

In this step, you should coordinate logistics of the Team Mapping session. In particular, it is important to ensure that the appropriate team members or role representatives are invited and that scheduling also supports the engagement of a representative cross-section of roles in the mapping activity.

### **Learning Step: Identify Participants to Invite**

Depending on the scope of the Team Mapping session you are planning, identifying the required participants may be quite simple: those individuals who are or are about to be working together in a team should be present during the session. In a larger session, ensure a wide representation of different clinical and support roles among team mapping participants.

### **Learning Step: Ensure Supplies Are Ready**

Review the Team Mapping Session Checklist and flag any documents that need to be made available, presentations that need to be customized and/or supplies that need to be gathered. If it is a larger session with more than 10 participants, sketch out how participants will be divided into groups and ensure you have enough facilitators to run the smaller group Team Mapping activities.

Team Mapping can be carried out in either a single longer session (3 hours) or a series of shorter 45-60-minute sessions that can fit into regularly scheduled team meetings. There is value to scheduling the longer time blocks or several shorter sessions if possible so that a team has the opportunity to map out multiple personas. This allows teams to see how they may work differently, and how different roles may be engaged the care of patients with diverse care needs.

### **Guides and Templates**

- Team Mapping Session Checklist
- Team Mapping Session Intro Presentation
- Team Mapping Facilitator Guide
- Team Mapping Summary Sheet
- Team Mapping Evaluation Form
- Team Mapping Circle of Care Template – the large circle provided





## **Part 2: Team Mapping Stage**

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## team mapping in small group(s)

This is the core of Team Mapping. As a facilitator, your role will be to use the persona(s) to engage 6-8 participants in discussing, debating, and deciding how a team will be structured and what the various roles will do. Through this, participants will gain understanding of each other's scopes of practice as well as the benefits and challenges of providing care as a team.

*Additional Detail related to the facilitation of a Team Mapping session is provided in the Team Mapping Facilitator Guide. The Facilitator Guide is designed to be used as an abridged reference guide to support small group Team Mapping facilitation in practice.*

**Learning Step: Divide up the Group into Groups of 6-8 Participants.** If there are more than 10 participants in your Team Mapping session, divide them up into smaller groups. In Virtual Sessions, larger groups can easily be engaged.

**Learning Step: Facilitate Team Mapping Round(s).** Use persona descriptions to work through scenarios to collaboratively fill in the circle of care for the persona. Encourage participants to consider care in a realistic future. Document roles and tasks as well as gaps and issues that arise from the discussion. (If you are working with multiple groups, get the groups to switch tables and engage in a review round. Allow the reviewing group to annotate the map and discuss gaps, questions, and concerns.)

**Learning Step: Fill out a Summary Sheet** for each persona/circle of care that is mapped out and document the map (take a picture for further analysis, if needed). Repeat the process for the desired or feasible number of personas.

**Workshop Activity: Small Group Mapping.** Participate in small group mapping, taking on a participant or facilitator role. Use the role descriptions distributed in the session to ensure a diversity of professional designations are represented at your table. Supplement the role cards with personal experience.

### Guides and Templates

Team Mapping Facilitator Guide  
Summary Sheet Template



## group reflection

Immediately following the Team Mapping round(s), discuss the Team Mapping process and participants' experience with the Team Mapping activity.

### **Learning Step: Discuss the Team Mapping Activity and Participant Experience**

Discuss the Team Mapping activity with participants. Gather feedback on both the content and outcome of the Team Mapping activity. Discuss the gaps identified in the session for the persona Team Maps that were created. Find out what the participants found surprising or unexpected and prompt participants to discuss further action steps. When the ISU conducts Team Mapping sessions, we use an evaluation form to formally capture participant feedback (accessible online).

### **Learning Step: Discuss the Team Mapping Method**

Discuss participant experience in the context of the Team Mapping method: what worked, what did not, what could be done better. Use the feedback gathered to inform your future Team Mapping sessions. If you are facilitating a Team Mapping session with a clinic or a smaller team, begin planning future sessions with the team present and brainstorm ideas together with the group on how to improve Team Mapping.

### **Guides and Templates**

Team Mapping Evaluation Form Template





## **Part 3: Feedback Stage**

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## analysis

The goal of the analysis stage is to develop a summary of the information from the Team Mapping session(s) with an emphasis on recommendations for action and next steps. The feedback stage can be formal or informal, depending on the size of the group engaged in mapping. When mapping is used as an 'at-the-elbow' coaching support, the action of intentionally bringing people together to build relationships and work through the development of patient centred-circles of care is where the most benefit is gained for teams. A summary of the discussion and highlighting gaps and next steps may be all that is needed. If desired, a thematic analysis of the Team Mapping session data can be used to develop a short recommendations report.

In large group sessions or sessions that map out multiple personas, it can be valuable to synthesize the roles and tasks, collect the gaps and summarize them for the group. Roles and tasks should be standardized across the maps and indicate self-access vs referral as well as patient's team vs circle of care categories.

### **Learning Step: Create a Standardized List of Roles and Tasks Across All Team Maps**

Write down all roles and tasks identified during the Team Mapping session. Remove duplicates and standardize the roles and tasks to make them consistent.

### **Learning Step: Review Gaps Identified and Summarize Them by Themes**

Review gaps identified during the Team Mapping session. Look for common themes. Often, the gaps fall into these themes: Information and Communications Technologies (ICTs)/EMRs, space for co-location, lack of clarity around roles, questions about funding, and questions about community and/or First Nations engagement.

**Workshop Activity:** Create a list of roles and tasks from the 3 maps created in the session. As a group work to summarize key themes, identify gaps and develop recommendations for action. Prepare to share 1 or 2 key gaps with the larger group.

### **Guides and Templates**

None





## recommendations & knowledge translation

If desired, use the synthesized findings from the Team Mapping session to prepare a summary of key learnings, recommendations and/or actions from the Team Mapping session. (This step may not be needed for all teams).

### **Learning Step: Prepare a Summary of Recommendations for the Clinic/Team Leadership and/or Participants**

Use the synthesized information from the Team Mapping session to prepare recommendations for the clinic or team that participated in the Team Mapping session. Focus on discussing the roles and tasks identified in the session, especially the unique/non-typical roles that were discussed. Note gaps identified and how they could, potentially, be closed (this can be informed by evidence in the literature).



*NOTE: we formalized the process of reporting to ensure consistency in the way we provide feedback to PCNs, PMHs, clinics, or teams. You can refer to the Team Mapping Recommendations Report Outline to gain insight into what potential reporting themes you could use to both provide feedback to Team Mapping session participants and to inform your planning and facilitation process. Do not feel constrained by this outline, however, and adapt it based on the needs of the clinic or the team you are working with. You can also choose a less formal approach to providing recommendations to the clinic or team that participated in the Team Mapping session.*

If desired, present the findings to the clinic or team leadership and Team Mapping session participants in a meeting or webinar format.

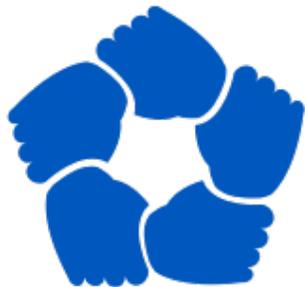


### **Guides and Templates**

Team Mapping Recommendations Report Outline



Thank You



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