Team Mapping Report Template –XXX Clinic  
Session Dates: XXX

V0.01

Purpose

This document is a short report for XXXX, capturing the outputs from the Team Mapping session facilitated by XXX on X Date. The materials here are provided to help inform further planning and discussions at XXX as the clinic moves towards improving teamwork and enhancing interprofessional collaboration through the delivery of team-based primary and community care.

Thank you

XXXX would like to thank everyone who participated in the Team Mapping activity. We appreciated the opportunity to work with you and your clear engagement in the process. We certainly hope that the participants found the session engaging and useful.

# Team Mapping Activity [INSERT HIGH LEVEL SUMMARY]

XXXX was invited to facilitate a Team Mapping session with XXX to support team-building and role definition in XXXX. [PROVIDE SHORT DESCRIPTION OF TEAM/ CLINIC, HOW THE SESSION WAS DELIVERED AND DATES OF SESSIONS].. [Number XX] team members participated including: [list of attendees by role type].

## Areas of Focus

As part of our preparation, we worked with key stakeholders from XXX to identify key areas of interest to explore through the Team Mapping session.

These included:

* [KEY AREAS IDENTIFIED BY STAKEHOLDERS AND TEAM PRIOR TO THE SESSION]

X# evidence-based personas were specifically tailored to trigger discussion in these areas, of which [actual number] were used during the session (see Table 1).

## Team Mapping

What follows is a summary of the findings from the Team Mapping session, including the roles and tasks discussed across the personas and several recommendations for follow-up from the rich discussions in the small groups and in the large group session. Please see appendix 1 for copies of the two team maps that were created. The following personas were used in our Team Mapping session.

Table 1: Personas Used in the Team Mapping Session

| **Name** | **Brief Description** | **Purpose and Points Explored** |
| --- | --- | --- |
| Hank | Hank is a fiercely independent but frail 80-year-old man who lives with is 72-year-old wife, Sue. They have no kids. Hank is physically frail but mentally sharp, and has chronic disease. He is underweight and uses a walker. He is able to afford some help. | * Chronic illness and frailty; * Home supports/urgent respite support when caregiver not able;   Transition to assisted living/long-term care. |
| Dan |  |  |
| Barbara |  |  |

# Table of roles and tasks discussed

In the Team Mapping session, the group discussed a number of unique roles that would be important and while working through the personas and scenarios highlighted a number of tasks that each role would perform (see Table 2).

Note that ‘Roles’ in this context are not necessarily aligned with a single professional designation and may be filled by more than one provider, as appropriate for a particular patient in a particular clinic. Many roles may be filled by part time staff. In some clinics, people may have multiple roles (e.g. the same person may fill the role of MRP/MRP of the day/hospital liaison.

Table 2. Recommended Roles and their descriptions that came out of the Team Mapping Session for Flowerstone.

|  |  |
| --- | --- |
| **Role** | **Description/Tasks** |
| Primary Care Provider (PCP) | * Clinical assessment * Prescribe medications and treatments * Care plan * In-person visits |
| Medical Office Assistant (MOA) | * Intake screening * Scheduling appointments & follow ups; determines capacity (virtual and physical) * Take vitals * Rooms patients, takes height & weight * Patient screening (esp. during COVID-19) |
| Primary Care Nurse | * Intake * Take patient history * Virtual Care * Follow-up calls/recall * Frailty mapping * Care planning * Home visits * Chronic Disease Management (CDM) |
| [other roles] |  |
| [other roles] |  |
| [other roles] |  |

# Key Learnings

The discussion highlighted a need for clarity in a number of areas. There are:

## Intake and Attachment

The mapping prompted a great discussion around intake and attachment. ….

## Triage

x

## Team Communication

x

## Virtual Care

x

## Nurse in Practice Role

x

# Suggestions for Action/ Next Steps

A couple paragraphs here to summarize how the group can move forward from here as they continue to work towards enhanced interdisciplinary team-based care. Examples may include: exploring the new roles for the team, connecting with the PCN and accessing PCN resources, communication, etc.

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# Appendix: Maps

