

TOP 5

Signs of a Dysfunctional Team

Cyndie Courtney, DVM
VetChangesWorld.com
Lawrence, Kansas

Team members who work on a positive team are creative and loyal, produce more, and feel satisfied and successful.¹ Those who feel supported, valued, and heard respond with commitment and dedication to their work and the team.

Top 5 Signs of a Dysfunctional Team

- Working in Silos
- Blind Agreement
- Exhaustion
- Stagnation
- Aggression

Unfortunately, veterinary medicine is not free of dysfunctional teams. Such teams not only impact the individual members but also affect the practice culture and climate, which can influence the client and patient experience. Addressing challenges head-on helps transform a struggling team into one that is highly productive and satisfied.

Patrick Lencioni, author of the best-selling *The Five Dysfunctions of a Team*, says, “Successful teamwork is not about mastering subtle, sophisticated theories, but rather about combining common sense with uncommon levels of discipline and persistence.”²

Here are 5 common signs of a dysfunctional team:

1 Working in Silos

Examples

- **In-Group Bias** (ie, an evaluation of one’s own group as better than others³): Team members who do not work at the front desk criticize an inappropriately scheduled appointment.
- **Task Inflexibility**: A team member delegates a 1-minute task instead of completing it herself.

Cause

- The cause is often the not-my-job mentality, which Lencioni suggests occurs when a team does not have a team-focused, results-based goal.⁴

Addressing Siloing

- Set a clear, results-based goal for the whole team (eg, increasing client retention by 50% this year). Show team members how they contribute to reaching the goal.
- Cross-train team members to make their jobs more interesting and improve team flexibility.⁵

2 Blind Agreement

Examples

- **Unilateral Decision-Making**: Team members trust the veterinarian knows best and do not question any suspected mistakes or poor choices.
- **Groupthink** (ie, the tendency of a decision-making group to filter out undesirable input so a consensus may be reached, especially if it is in line with the leader’s viewpoint⁶): Every team member agrees with a new policy and no one asks questions or raises concerns or objections.

Causes

- Teams without trust cannot be vulnerable enough to share their real thoughts, feelings, and boundaries, which can lead to blind agreement, according to Lencioni.⁷
- Team members may fall into blind agreement when the team’s power differentials make it difficult to challenge authority.⁸



BENCHMARKS

Improving Team Satisfaction: Communication is No. 1

In 2016, Well-Managed Practices (WellMP) found:

Associate veterinarians and team members considered improved communication the one change that most positively impacts the practice and job satisfaction.

Source: Expenses. Benchmarks 2016. Columbus, OH: WTA Veterinary Consultants & *Veterinary Economics*; 2016:63-65.

Learn to recognize signs of potential distress in team members and help them avoid stressful situations.

Addressing Blind Agreement

- Take the Mayo Clinic's approach to team medicine and allow every team member contributing to a patient's care to provide feedback and suggestions.⁹
- Use checklists to ensure the whole team is adhering to practice policies.⁸
- Appoint a devil's advocate to prevent groupthink and premature or faulty decision-making.¹⁰ Conflict is necessary to build a healthy practice team and helps team members make good ethical decisions, test their assumptions against reality, and consider multiple options.
- Establish open-door policies and create spaces (eg, team-directed meetings, anonymous suggestion boxes) where team members feel safe to offer opinions.¹¹

3 Exhaustion

Examples

- **Every Case Is an Emergency:** The whole team always works through the lunch break.
- **Never Saying No:** A team member takes on extra shifts and works late frequently, no matter the personal cost.

Causes

- “[Veterinarians] appear to have an inherent difficulty saying no to

others,”¹² said psychologist Kathleen Ayl, who suggests this difficulty may be related to the values of caring that led them into the profession in the first place.

- Veterinary caretakers find setting reasonable personal and professional boundaries difficult because of the compassion and perfectionism that made them successful during their training and early work in the profession.¹²

Addressing Exhaustion

- Prepare for predictable heavy demand by analyzing and adjusting workflow to help prevent exhaustion.¹³
- Help team members who have trouble saying *No* set reasonable personal and professional boundaries.¹⁴
- Learn to recognize signs of potential distress in team members and help them avoid stressful situations.^{15,16}

4 Stagnation

Examples

- **Stalled Ideas:** One team member shares new ideas, but her teammates do not help institute the ideas and nothing happens.
- **Treading Water:** The practice stays essentially the same and some team members leave because they have no opportunity for growth.

BENCHMARKS

Improving Team Satisfaction: 3 More Ways

- 1 Provide benefits (eg, bonuses, break rooms, thank-you cards) that recognize team members and combat exhaustion.
- 2 Remove toxic team members and increase staffing levels.
- 3 Involve team members in practice decisions.

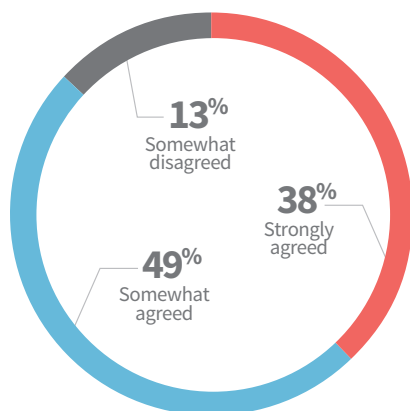
Source: Expenses. Benchmarks 2016. Columbus, OH: WTA Veterinary Consultants & *Veterinary Economics*; 2016:53.

“[Veterinarians] appear to have an inherent difficulty saying no to others.”

BENCHMARKS

From the Top Down

A positive, collaborative culture starts at the top. WellMP owners were asked to respond to the statement, “I network, function as a team member and bring people together, and still stay focused. I am emotionally capable in any situation.” Their levels of agreement were:



Source: Expenses. Benchmarks 2016. Columbus, OH: WTA Veterinary Consultants & Veterinary Economics; 2016:57.

Causes

- Individual team members are often fearful because of previous failed attempts to make changes, and they may be unmotivated to institute new ideas.¹⁷
- When the benefits of or needs for change are not communicated effectively, powerful teammates may not buy into change, leading to stalled ideas.¹⁷

Addressing Stagnation

- Provide team members with forums where they can discuss ideas and how the ideas fit into the practice’s overall mission.
- Be sure all team members have opportunities for professional growth.

5

Aggression Examples

- **Physical Aggression:** An angry team member throws things across the room.¹⁸

- **Relational or Verbal Aggression:**

A team member persists in correcting teammates in front of clients.¹⁹

Causes

- Tensions arising from a lack of trust and fear of conflict can cause aggression.²⁰
- Aggression can become an outlet for unresolved conflict.

Addressing Aggression

- Provide constructive venues where team members can vent concerns (eg, team meetings, private conflict mediation), and share resources on workplace violence prevention.²¹
- Establish no-tolerance practice policies for harassment and abuse.

Conclusion

Like symptoms of a disease, these behaviors are signs of deeper issues. The underlying problems should be identified and addressed to heal the practice and help team members thrive.

“Ironically, teams succeed because they are exceedingly human,” Lencioni says. “By acknowledging the imperfections of their humanity, members of functional teams overcome the natural tendencies that make teamwork so elusive.”²²

TAKE ACTION

- 1 If the team displays any of these dysfunctional behaviors, take action and look for deeper issues as quickly as possible.
- 2 Ask every team member caring for a patient to provide feedback and suggestions about the animal’s care.

Heartgard® Plus

(ivermectin/pyrantel)

CHEWABLES

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

INDICATIONS: For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of ascarids (*Toxocara canis*, *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*).

DOSAGE: HEARTGARD® Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (2.72 mcg/lb) and 5 mg of pyrantel (as pamoate salt) per kg (2.27 mg/lb) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascarids and hookworms is as follows:

Dog Weight	Cheewables Per Month	Ivermectin Content	Pyrantel Content	Color Coding On Foil Backing and Carton
Up to 25 lb	1	68 mcg	57 mg	Blue
26 to 50 lb	1	136 mcg	114 mg	Green
51 to 100 lb	1	272 mcg	227 mg	Brown

HEARTGARD Plus is recommended for dogs 6 weeks of age and older.

For dogs over 100 lb use the appropriate combination of these chewables.

ADMINISTRATION: Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewables to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, the product can be offered to the dog by hand. Alternatively, it may be added intact to a small amount of dog food. The chewable should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes after administration to ensure that part of the dose is not lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

HEARTGARD Plus should be given at monthly intervals during the period of the year when mosquitoes (vectors), potentially carrying infective heartworm larvae, are active. The initial dose must be given within a month (30 days) after the dog's first exposure to mosquitoes. The final dose must be given within a month (30 days) after the dog's last exposure to mosquitoes.

When replacing another heartworm preventive product in a heartworm disease preventive program, the first dose of HEARTGARD Plus must be given within a month (30 days) of the last dose of the former medication.

If the interval between doses exceeds a month (30 days), the efficacy of ivermectin can be reduced. Therefore, for optimal performance, the chewable must be given once a month on or about the same day of the month. If treatment is delayed, whether by a few days or many, immediate treatment with HEARTGARD Plus and resumption of the recommended dosing regimen will minimize the opportunity for the development of adult heartworms.

Monthly treatment with HEARTGARD Plus also provides effective treatment and control of ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*). Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

EFFICACY: HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of *D. immitis* for a month (30 days) after infection and, as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*).

ACCEPTABILITY: In acceptability and field trials, HEARTGARD Plus was shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

PRECAUTIONS: All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult *D. immitis*. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

Keep this and all drugs out of the reach of children.

In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Store between 68°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°C) are permitted. Protect product from light.

ADVERSE REACTIONS: In clinical field trials with HEARTGARD Plus, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

SAFETY: HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with regard to ivermectin (6 mcg/kg). Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

HEARTGARD Plus has shown a wide margin of safety at the recommended dose level in dogs, including pregnant or breeding bitches, stud dogs and puppies aged 6 or more weeks. In clinical trials, many commonly used flea collars, dips, shampoos, anthelmintics, antibiotics, vaccines and steroid preparations have been administered with HEARTGARD Plus in a heartworm disease prevention program.

In one trial, where some pups had parvovirus, there was a marginal reduction in efficacy against intestinal nematodes, possibly due to a change in intestinal transit time.

HOW SUPPLIED: HEARTGARD Plus is available in three dosage strengths (See DOSAGE section) for dogs of different weights. Each strength comes in convenient cartons of 6 and 12 chewables.

For customer service, please contact Merial at 1-888-637-4251.



©HEARTGARD and the Dog & Hand logo are registered trademarks of Merial.
©2015 Merial, Inc., Duluth, GA. All rights reserved. HGD16TRADEAD (01/17).

A SANOFI COMPANY

References

- Seppala E. Positive teams are more productive. *Harvard Business Review*. <https://hbr.org/2015/03/positive-teams-are-more-productive>. Published March 18, 2015. Accessed December 15, 2016.
- Book summary: the five dysfunctions of a team. Talent Square. <https://www.talentsquare.com/blog/book-summary-the-five-dysfunctions-of-a-team>. Published November 7, 2015. Accessed December 1, 2016.
- Gerrig RJ, Zimbardo PG. Glossary of psychological terms. In: Gerrig RJ, Zimbardo PG, eds. *Psychology and Life*. 16th ed. Boston, MA: Allyn & Bacon; 2001.
- Lencioni P. *The Five Dysfunctions of a Team: A Leadership Fable*. San Francisco, CA: Jossey-Bass; 2002:105-150.
- Donnelly A. Workplace efficiency: it takes a team. *Veterinary Team Brief*. 2015;3(3):37-39.
- Glossary of Psychological Terms. American Psychological Association. <http://www.apa.org/research/action/glossary.aspx?tab=7>. Accessed December 2016.
- Lencioni P. *The Five Dysfunctions of a Team: A Leadership Fable*. San Francisco, CA: Jossey-Bass; 2002:45-48.
- Gawande A. *The Checklist Manifesto*. New York, NY: Picador; 2010:38.
- Berry LL, Seltman KD. *Management Lessons from Mayo Clinic: Inside One of the World's Most Admired Service Organizations*. New York, NY: McGraw Hill; 2008:59.
- Dattner B. Preventing "groupthink." Take your team off autopilot. *Psychology Today*. <https://www.psychologytoday.com/blog/credit-and-blame-work/201104/preventing-groupthink>. Published April 20, 2011. Accessed October 2, 2016.
- Dobbs K. Creating an open door policy. *Veterinary Team Brief*. 2016;4(3):29-32.
- Ayl K. *When Helping Hurts*. Lakewood, CO: AAHA Press; 2013:22-23.
- Keiser S. Scheduling appointments to make the day flow smoothly. *Veterinary Team Brief*. 2016;4(5):43-46.
- Hunter L, Shaw JR. The colleague who can't say no. *Veterinary Team Brief*. 2014;2(6):34-35.
- Lee JA. The impaired veterinarian: recognizing depression and possible suicide. *Veterinary Team Brief*. 2013;1(2):12-13.
- Hunter LH, Shaw JR. The unmotivated team member: what is lacking? *Veterinary Team Brief*. 2015;3(2):10-12.
- Kotter J. *Leading Change*. Boston, MA: Harvard Business School Press; 1996:4-17.
- Smither S. Violence in veterinary practices. *Veterinary Team Brief*. 2015;3(4):51-58.
- Lee J. Bullying and aggression in the veterinary profession. *Veterinary Team Brief*. 2013;1(5):48-49.
- Lencioni P. *Five Dysfunctions of a Team: A Leadership Fable*. San Francisco, CA: Jossey-Bass; 2002:91-93.
- Safety and health topics: workplace violence. US Department of Labor. <https://www.osha.gov/SLTC/workplaceviolence>. Accessed October 2, 2016.



CYNDIE COURTNEY, DVM, is a practicing associate veterinarian, recovering toxic team member, founder of VetChangesWorld.com, and recent 2015-2016 AVMA Future Leader who helped create a national veterinary team wellness program. She has an undergraduate business background and speaks and writes on various topics. Her research interests include the impact of burnout and compassion fatigue on interpersonal aggression in organizations.

FUN FACT: Cyndie is a self-taught fife player and published haiku poet.