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Abstract

This paper explores how principles and practices of mediation and facilitation can be applied to facilitate collaboration among health care professionals. Certain techniques of mediation and facilitation are uniquely suited to address issues of values, roles, communication, and teamwork—four core competency domains of interprofessional collaborative practice—within the organizational context in order to transform workplace conflict into constructive collaboration. This paper discusses how one might draw upon those mediation and facilitation skills and techniques in order to address profession-centrism, professional prejudice, and us vs. them thinking, which hinder interprofessional collaboration. Those trained in the theories and practices associated with conflict analysis and resolution have a unique opportunity to foster mutual understanding and respect among health care professionals, and to heighten the salience of health professionals' shared superordinate identity as members of the health care team.

Keywords: *conflict resolution, health care professionals, inter-professional communication, mediation and facilitation*

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Facilitation Collaboration among Health Care Professionals*

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The Call for Collaboration in Health Care

Over the past dozen years, there has been a series of calls within the health care community to improve patient safety and health care outcomes through training and practices that help health professionals to communicate and collaborate more effectively. In a report entitled *To Err is Human: Building a Safer Health System*, the Institute of Medicine (IOM) (2000) reported that as many as 98,000 patient deaths each year in the United States are the result of errors in the healthcare system. The following year, the Institute of Medicine (2001) published a report entitled *Crossing the Quality Chasm: A New Health System for the 21st Century*, which noted that the health care delivery system needs to be redesigned to prepare the health care workforce to provide safe, quality, team-based care. This report called for a

number of changes to improve health outcomes, including both evidence-based and patient-centered practice. In addition, recognizing that patient-centered care requires collaboration among health professionals, the IOM also recommended interprofessional training of healthcare professionals. The theory behind interprofessional training is that "once health care professionals begin to work together in a collaborative manner, patient care will improve. Interprofessional teams enhance the quality of patient care, lower costs, decrease patients' length of stay, and reduce medical errors" (Buring et al., 2009, p. 1).

From the patient perspective, the lack of collaboration among health professionals is experienced in part as having to undergo multiple assessments from multiple caregivers gathering the same information. This is not only inefficient and a waste of patients' time, but it is frustrating for patients who wonder why their health care providers cannot communicate with one another and share such information. In addition, people see themselves as whole beings, rather than a set of different parts, each requiring a different specialist. "The problems encountered by people are typically not as divisible as some professionals might assume. Professionals need to develop frameworks that ensure that individuals are seen as holistic beings rather than as a set of distinct problems, illnesses" (Geva, Barsky, & Westernoff, 2000, p. 11).

In addition to the benefits of collaboration among health professionals for patients, there are public health benefits as well. Public demographics are shifting; people are living longer. The percentage of people aged 65 years and older in North America will double from 13% to approximately 25% in the next 20 years (Reeves, Lewin, Espin, & Zwarenstein, 2010). As a result, there will be increasing numbers of those with complex chronic conditions, such as arthritis, hypertension, and diabetes. For health care professionals, the implications are clear. There will be a growing need to focus on these chronic illnesses, and effective management of chronic illnesses requires health and social care professionals to work together.

The "team" concept in medicine is not new. The mid-20th century gave rise to interdisciplinary and multidisciplinary health care teams. For example, rehabilitation departments in the 1940s were using the team concept in caring for war veterans, though they tended to use a multidisciplinary approach. "Within this model of care, team members are only responsible for the activities related to their discipline. As expected, there is little sense of shared responsibility for patient outcomes or team development" (Pecukonis, Doyle, & Bliss, 2008, p. 419). Geriatrics, pediatrics, and surgery are medical areas that have utilized

the team concept, as well. Interprofessional care, however, is a concept that goes beyond multidisciplinary health care teams. Interprofessional practice has been defined as occurring when multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care (World Health Organization, 2010).

Collaborative Training of Health Professionals

In 2003, the IOM proposed a new approach to the training of health professionals in order to achieve the goal of team-based and truly interprofessional care. In this report, entitled *Health Professions Education: A Bridge to Quality*, the IOM called for interprofessional training of healthcare professionals so that they can collaborate effectively. As opposed to interdisciplinary education, which is education that involves two or more areas of study or branches of science, interprofessional education (IPE) is "when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" (World Health Organization, 2010, p. 7).

Although the team concept is not new in health care, there remains considerable confusion regarding the definition and design of interprofessional education. "Interprofessional education is an important pedagogical approach for preparing health professionals students to provide patient care in a collaborative team environment" (Buring et al., 2009, p. 1). In the decade since the landmark IOM report *Crossing the Quality Chasm: A New Health System for the 21st Century*, there has been a growing call for interprofessional education (IPE) to be incorporated into the curriculum across the health professions. IPE is seen as an educational approach that will better prepare students to work in interprofessional teams. As has been noted, "students trained using an IPE approach are more likely to become collaborative interprofessional team members who show respect and positive attitudes towards each other and work towards improving patient outcomes" (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011, pp. 1-2). The basic concept is that in order to collaborate successfully in the workplace, health professionals need to incorporate collaboration into their training programs, as well. According to the World Health Organization, "Interprofessional education is a necessary step in preparing a 'collaborative practice-ready' health workforce" (World Health Organization, 2010, p. 7).

Historically, health care was provided in the context of family and community-based care. With the era of modernism and the development of distinct health professions, however, each profession developed its own unique theories and models of practice, as well

as its own language/jargon and professional values. This provided for more consistency within each profession, but an unanticipated side effect was the "silo" model of health profession education. IPE is seen a means of ameliorating these divisions in the educational processes which in turn have negatively impacted collaboration among health professionals. "To develop collaborative skills that can bring down the walls of the professional silos, health professional students need opportunities to spend time together, to learn and to work together in meaningful ways" (Hall, 2005, p. 193).

In an effort to provide support and guidance to those developing IPE programs, an Interprofessional Education Collaborative, representing multiple health professions, was formed to develop guidelines and identify core competencies associated with interprofessional practice. The Interprofessional Education Collaborative Expert Panel (2011) published a lengthy report, *Core Competencies for Interprofessional Collaborative Practice*, which identified four core competency domains, each of which includes a number of distinct competencies. The four core competency domains are: Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication, and Teams and Teamwork.

Best practices of interprofessional education exist, but there is no one-size-fits-all model (Bridges et al., 2011). IPE is meant to strengthen the non-technical professional competencies, such as interpersonal communication, team-building and leadership skills, and conflict management skills (Bridges et al., 2011; Buring et al., 2009). This is where social scientists trained in the theories and skills of conflict resolution can assist health professionals. Social scientists and practitioners of conflict resolution recognize that medical education and health care both occur within a social context, and that sociohistorical, sociocultural, and socioeconomic factors influence attitudes and behaviors of medical professionals, patients, and students. The theoretical and epistemological orientation of social constructionism is particularly helpful in this context, as this perspective acknowledges that learning is co-constructed. Bringing a relational focus to education and to professional practice, the social constructionist acknowledges the importance of social learning and of shared meaning-making (Gergen, 2009).

Facilitating Collaboration

The knowledge and skills associated with conflict resolution add value not only in the realm of interprofessional education but also interprofessional practice. Workplace conflict is a significant hindrance to effective collaboration across health care teams and among health

care professionals, which negatively impacts not only the professionals themselves but also patients. Dana (2003) has noted that over 65% of performance problems result from strained relationships between employees. Dana also highlights the multiple costs associated with workplace conflict, including wasted time, reduced decision quality, sabotage or theft of equipment, and the expense of lost employees and restructuring. Beyond these economic costs, there are health costs associated with workplace conflict that are suffered by the individuals involved and their organizations, such as more sick days and treatment costs for stress-associated illnesses.

While workplace conflict can be significantly destructive, conflict holds the potential to act as a constructive force for positive change in the work environment, as well. Conflict can inspire healthy competition, which in turn can inspire creativity and innovation. In addition, conflict can help groups and organizations reevaluate and clarify goals and missions (Folger, Poole, & Stutman, 2005). The opportunity for those involved in conflict resolution in the health care arena is to help health professionals to transform destructive workplace conflict into constructive interprofessional collaboration. To do so, one can draw upon various principles and techniques associated with best practices in facilitation and mediation. This paper will now consider a few examples of such principles and practices that a facilitator might apply in order to foster collaboration among health care professionals.

One of the first considerations of a facilitator organizing any session designed to foster more effective collaboration is the question of who should be participants of the session. This involves conducting some form of stakeholder analysis. In asking, "Who needs to be included?" Justice and Jamieson (1999) highlight four "I"s to consider: Influence, Interest, Impacted, and Intelligence. Those organizing the session would want to address the following questions:

- Who has power to block decisions/actions?
- Who cares about these decisions/actions?
- Who can/will support the work of the group?
- Who has special skills or interests relevant to the group?

The answers to these questions indicate individuals that it would be important to include in order for collaborative action to lead to meaningful outcomes. In the health care context, the questions might be altered to address questions of interaction across health professions. For example, a facilitator might ask participants: What other professions do you interact with on

a regular basis? Does a successful outcome in your work require participation from people in other fields/professions?

Having identified the appropriate participants, the facilitator has several responsibilities in supporting a constructive interaction. These responsibilities include environmental, relational, and procedural aspects (Isenhart & Spangle, 2000). The facilitator will manage the setting so that optimum conditions exist for discussion (environmental); manage group dynamics to promote collaboration (relational); and select procedures that are best for helping the group achieve its goals (procedural). Cross-cutting these aspects, there is an additional responsibility to facilitate effective information sharing. Best practices of this dimension of facilitation include establishing ground rules for communication, monitoring communication, assuring that valid information is provided equally to all participants, and inviting the commitment of all participants to commit to sharing relevant information (Schwarz, 2002). Isenhart and Spangle (2000) also note that this dimension of facilitation includes reframing "toxic" comments that would undermine collaboration (p. 113).

Once the right people are in the room, and guidelines for behavior have been clarified and agreed upon, a facilitator may find it beneficial throughout the session to make use of the diagnosis/intervention cycle (Schwarz, 2002). According to this model, the facilitator will observe behavior, infer meaning based upon that behavior, and decide whether to intervene. Should the facilitator decide to intervene, he or she will then describe the behavior, share the inference, test the inference with the participants, and then help the group decide whether and how to change the behavior. Facilitators working in the health care arena might also find it beneficial to organize the session based upon the four core competency domains of interprofessional collaborative practice, which are: Values/Ethics, Roles/Responsibilities, Interprofessional Communication, and Teams/Teamwork (Interprofessional Education Collaborative Expert Panel, 2011).

Core Competency Domain 1: Values/Ethics

Health professionals are generally aware of the importance of taking into account differing cultural values when interacting with patients; cultural competency is part of training programs for health professionals. Social science research provides evidence of the fact that the ways in which people make meaning out of their health conditions is socially constructed and varies from one cultural context to another (e.g., Scheper-Hughes, 1993). Likewise, researchers have explored how health professionals might better understand and negotiate patient choices and action as they pertain to their health (e.g., Farmer, 2005). The

focus on culture in educational programs, however, is on the relationship or interaction between the professional and the patient. Health professions training may not often address the need to recognize and respect the cultural differences between various health professions. Yet, just as surely as social groups function in socially constructed cultural contexts, so, too, do the various health professions.

The educational experiences and the socialization process of training solidify the professional's unique world view. One could also say that each profession has a different "cognitive map" by which practitioners make sense of their responsibilities and priorities. "Cognitive learning theory suggests that each profession may attract a predominance of individuals with a particular set of cognitive learning skills and styles" (Hall, 2005, p. 190). Thus, differences between professions may not only be a result of social learning, but also of individuals' process of selecting professions, which can reinforce distinctions between professional cultures. Those distinct professional cultures encompass such aspects as core values, customs, dress, and understandings of what constitutes success (Pecukonis et al., 2008). For example, as noted by Hall (2005):

> The main outcome valued by physicians is to save a patient's life, not a patient's quality of life…Nurses and social workers…may value the patients' story and will not rely on objective data as heavily as do physicians…Each of these professional values can create communication barriers between the professions. Since values are internalized and largely unspoken, they can create important obstacles that may actually be invisible to different team members struggling with a problem. For a solution to be reached, the professional values must be made apparent to all professionals involved. (Hall, 2005, p. 191)

In addition to reflecting differing professional values, divisions between various health professions may also reflect psychological factors. Humans seek to avoid uncertainty, and also crave a sense of belonging. Such psychological needs contribute to the formation of strong group identity. Just as this phenomenon is reflected in ethnocentrism on the level of social groups, this same phenomenon is manifested as profession-centrism among health professions. Profession-centrism is "a constructed and preferred view of the world held by a particular professional group developed and reinforced through training experiences" (Pecukonis et al., 2008, p. 420). Beyond preferring one's own group, these psychological dynamics contribute to us versus them thinking. Strong group affiliation is positively

associated with negative attitudes towards outgroup members (Tajfel & Turner, 1986). Once the negative attitudes are developed regarding outgroup members, attribution theory suggests that people tend to blame the individuals in those other groups as being responsible for the negative traits due to character flaws.

Social scientists recognize that ethnocentrism can lead to stereotypes and prejudice between social groups. Similarly, profession-centrism and us versus them thinking among health professionals can lead to stereotypes and prejudice among professionals. "Often health professionals fail to recognize that they carry with them stereotypes or misconceptions of other health professionals that negatively impact opportunities to teach and/or practice collaboration" (D'Amour & Oandasan, 2005, p. 17). In fact, such professional stereotypes are so strongly associated with various health professions that even first-year medical, nursing, and dental students have been found to hold professional stereotypes (Reeves et al., 2010). While stereotypes can serve useful psychological functions in supporting positive social identity and uncertainty reduction, they negatively impact trusting professional relationships with other professionals. Not only professionals themselves, but also patients, are harmed by the lack of collaboration resulting from poor professional relationships among the members of the health care team.

Conflict resolution specialists can draw from theories and techniques associated with mediation to help these members of the health care team to minimize these professional stereotypes and build trusting relationships. This constructive step will contribute to more effective collaboration. Narrative mediation has demonstrated that people use stories to make sense of their lives and relationships (Winslade & Monk, 2000). Specifically, people "story" conflict in their own terms. Thus, conflict is produced within competing cultural norms. Facilitators of health professionals can learn from mediation and make a point of beginning interprofessional sessions by inviting the telling of the story—in other words, inviting a representative of each health profession to share how they see the patient's case from their own professional lens and perspective.

Another way in which to address the issue of professional cultures and professional stereotypes is to ask participants in the session, "What is one thing you don't like hearing people say about your profession or field? Why?" This allows all present to both identify professional stereotypes and to hear how they impact those about whom they are believed. A facilitator might invite participants to reflect and ask themselves, "Do I have prejudices towards other professions and types of work? Where did they come from? Have they

impacted my interactions with other professionals? What was the outcome?" Just as professionals need to develop cultural competence in working with clients, they need to develop interprofessional cultural competence to work with their colleagues. Managing different professional values is one of the interprofessional competencies health professionals can develop. "Part of being interprofessional is learning to acknowledge different professional frameworks and being prepared to negotiate across the boundaries" (Hammick, Freeth, Copperman, & Goodsman, 2009, p. 20)

One of the most important reasons for the need to acknowledge and respect different professional values and cultures is that a lack of respect can contribute to disregarding critical information. "Even timely, accurate information may not be heard or acted upon if the recipient does not respect the source" (Interprofessional Education Collaborative Expert Panel, 2011, p. 18). Facilitators can help health professionals to focus on the shared purpose and value of all members of the health care team to create safer, more efficient, and more effective organizations and processes. In addition, facilitators can support health professionals in recognizing that while the client or patient is the focus of their work, collaborative practice is also about caring for each other in the workplace. This includes valuing what you know, valuing what others know, and recognizing when it is in the client's interest to share or seek knowledge from another professional. This leads to the second core competency domain, roles and responsibilities.

Core Competency Domain 2: Roles/Responsibilities

Interprofessional collaboration not only requires mutual respect and recognition of differing professional cultures and values, it also requires an understanding of the various roles and responsibilities of the members of the health care team. Professionals need to understand the scope of practice of other professionals to be able to interact effectively. The 2000 IOM report linked the ability to identify and prevent error with the ability of health care team members to know their own responsibilities, as well as those of their team members. Not only does this understanding of the roles and responsibilities of each member of the health care team reduce errors, it also enhances communication with patients, family members, and caregivers. "To interact meaningfully with each other and with the patient and/or family, team members must be familiar with the expertise and functions of the others' roles" (Hall, 2005, p. 192). The key goals of this core competency domain include:

- Be able to clearly articulate your own role
- Learn from others: what they do and why they do things as they do

- Consider how what they do applies to your own practice
- Recognize the limits of your own professional expertise

Those trained in conflict resolution offer special knowledge and skills that can support health care professionals in achieving the goals associated with gaining competencies related to roles and responsibilities on the health care team. Conflict resolution specialists can draw upon relevant theories to help health care professionals understand some of the dynamics at work that affect the collaboration of health professionals. For example, Identity Theory highlights the importance of roles in individuals' constructions of their sense of identity (Stryker & Burke, 2000). Given how important roles are to one's sense of self and sense of worth, it is understandable that health care professionals would defend their right to maintain those roles. If they see interprofessional collaboration as a threat to their professional roles, they will be less likely to engage in that collaboration.

In the effort to foster collaboration, conflict resolution specialists can draw from mediation in taking steps to address the core competency domain of roles and responsibilities. For example, one might hold a facilitated training session for individuals from multiple health professions designed to enhance the group's mutual understanding of the roles and perspectives of their colleagues from other health professions. At the start of such a session, the facilitator might make an opening statement:

> We will be reading a case scenario, followed by discussion questions based on the four core competency domains of Interprofessional Practice. Near the end of the session, you will be completing a Role Profile form as a group, summarizing the role that each profession represented here might play in this case. As you discuss the case, keep in mind that the focus of the activity today is not on the clinical aspects of the case; it's not about the diagnosis you might make. The focus of the exercise today is on the larger objectives of interprofessional practice—working in teams and communicating across professions in order to contribute to patient safety, improved health outcomes, and a better patient experience.

Following the reading of a case scenario, a representative from each health profession can be invited to make an "opening statement" in which they are asked to address the following questions:

- From the perspective of your profession, what are the goals or priorities you have for your interaction with this patient?

- What kinds of questions might you ask this person?
- With whom would you share the information you gather from the patient?
- What might be the process you would use to share that information?
- What interventions might you use?

Such a facilitated session can be useful in helping health professionals to recognize areas of "role blurring" or overlapping roles, which can raise awareness of the need to avoid confusion or conflict in those areas. Another beneficial outcome of such a session is that hearing how their colleagues from other professions view and intervene in a case can heighten the salience of all participants' superordinate identity beyond their individual professional identity to their identity as members of the health care team.

Core Competency Domain 3: Interprofessional Communication

Whether it is to share information about professional values, or professional roles and responsibilities, communication across professions is essential for successful collaboration among members of the health care team. As a clear indication of this, interprofessional communication is one of the four core competency domains of collaborative practice designated by the Interprofessional Education Collaborative (2011). In a manner similar to that pertaining to culture, communication skills that are taught to professionals usually focus on interactions with clients and customers, not on communication across professions. Yet members of the health care team depend upon successful communication in order to collaborate effectively for the benefit of patients and professionals alike.

There are a variety of challenges related to communication that can negatively impact interprofessional communication. For example, each profession tends to develop its own jargon and use terms that are unfamiliar even to other health professionals, or attribute unique meanings to words that hold other connotations in everyday parlance. A phrase as simple as "on the floor" may be understood quite differently by a patient, a nurse, or a pharmacist. The use of acronyms that are not common across health professions is another barrier to interprofessional communication. A more subtle but very important factor that plays a role in interprofessional communication is that of power and status differences among the different professions represented on the health care team. The medical culture has traditionally been one in which the voice of physicians is privileged over the voice of other roles, such as nurses, physical therapists, occupational therapists and others who may have more direct contact with patients.

> Professional hierarchies created by demographic and professional differences are common but create dysfunctional communication patterns working against effective interprofessional teamwork…. Literature related to safe [practice] now focuses on overcoming such communication patterns by placing responsibility on all team members to speak up in a firm but respectful way when they have concerns about…quality or safety. (Interprofessional Education Collaborative Expert Panel, 2011, p. 22)

In any workplace context, too much information may distract from key points, and too little information may lead to bad decisions or delays. In health care, the ramifications of poor communication can impact people's welfare and even their lives. Some best practices of communication can alleviate some of the challenges of interprofessional communication. For example, team members can consider what information other professionals need to do their work successfully, and convey that information in jargon-free and acronym-free language. For those on the receiving end of information, it is important to be an active listener—to encourage the other person to explain fully what they mean. It is a good idea for everyone to be mindful of their non-verbal communication, to be aware of showing respect to all members of the health care team through facial expressions and body language. In addition, all team members, including those who traditionally have held less power or prestige in the health care arena, need to take responsibility for speaking up if they are aware of important points that are not being raised by others on the team.

A facilitator of an interprofessional team session might raise awareness about these communication issues by asking some simple questions for reflection and discussion, such as:

- What are some examples of the jargon used in your profession/field?
- Have you experienced confusion in a meeting due to not understanding terminology?
- Has your participation in an interprofessional context been impacted positively by non-verbal communication of others? What did they do? What was the outcome?

Conflict resolution specialists can foster more effective interprofessional communication by teaching members of the health care team some simple communication skills frequently employed in the context of mediation. For example, the use of paraphrasing, summarizing, and probing questions to be sure you understood correctly (Moore, 2003).

If conflict arises, the facilitator can apply the techniques of developing an externalizing conversation and naming the problem, essential steps within narrative mediation; and in a team where sufficient trust has been established, the facilitator might

encourage members of different health professions to experience internalized other questioning in order to better understand the perspective of other team members regarding a case or workplace situation (Winslade & Monk, 2000). Finally, though it can be uncomfortable for the group, a skilled facilitator can follow the guidance of Schwarz (2002) and discuss the "undiscussable" topics that may be the elephants in the room that team members are hesitant to address openly but which it is important to discuss for effective collaboration.

Core Competency Domain 4: Teams/Teamwork

It is evident that interprofessional collaboration and effective teamwork go hand in hand. "In collaborative practice, individual team members assume profession-specific roles, but as a team, they identify and analyze problems, define goals and assume joint responsibility for actions and interventions to accomplish the goals" (Hall, 2005, p. 192). The dimensions of interprofessional teamwork include: clear team goals, a shared team identity, shared team commitment, role clarity, interdependence, and integration between team members (Reeves et al., 2010).

In an effort to foster these dimensions, one can lead a facilitated discussion following each profession's presentation of their perspective of the case in a session such as described above. Such a facilitated discussion might include questions such as:

- What similarities or differences did you notice regarding assessment processes?
- What did you learn about another profession?
- What did you find surprising about what someone from another profession said?
- What is something that you appreciate about the role or perspective of another profession?
- Did talking about the case from an interprofessional perspective make you realize anything new or different about your own role and profession?

In addition to discussing the different roles and perspectives represented in the group, another useful technique drawn from facilitation that can foster teamwork is to give the group a motivating group task (Schwarz, 2002). An exercise applicable to an interprofessional team session is to have the group members complete a Role Profile Form. In the facilitator's opening remarks, he or she can indicate that the participants will be doing this task (see example of facilitator's opening statement above), so the group members are motivated to pay close attention to the descriptions of each profession's role in the case. At the end of the discussion, the participants can then complete the Role Profile Form collectively. One good

rule is to state that individuals cannot provide the information for their own profession. This task not only motivates the group members to learn about each other's roles but also is a mean of providing recognition to the value of each profession. This aspect of the exercise fulfills the recognition dimension of Transformative Mediation (Bush & Folger, 2005).

An important dimension of successful team functioning is the ability to make decisions and to understand how decisions are made on the team. One model is that of a wheel with the most appropriate person or human services agency leading at any given stage during the service user's journey. This has the benefit of again recognizing the importance of each profession engaged in care. A challenge of this approach, however, is the need for very clear communication about these changes regarding decision-making. "If leadership and coordination…are to pass from person to person or agency to agency, then 'handing over the baton'…needs to be explicit so that everyone notices this has occurred" (Hammick et al., 2009, p. 71). Even if a team member is not officially the team leader, all team members need to practice leadership—even if for a short time for a specific reason. In light of this fact, it is important for those seeking to foster collaboration among health professionals to emphasize that leaders have important responsibilities, which include encouraging others to follow their lead, nurturing team members, supporting relationships in the team, seeing the work of the team as a whole, and planning for the future (Hammick et al.).

Closing Reflections

In spite of the advantages of collaboration, there are notable challenges associated with seeking to incorporate more collaboration into the health care team. These challenges include conflicts related to personality differences, changes in team membership, and varying levels of competency as well as varying levels of receptivity to learning from one another. Some of the best practices of facilitation can assist in dealing with these challenges. For example, it is useful to reinforce the superordinate identity of team members by staying focused on shared goals (D'Amour & Oandasan, 2005). The facilitator can also promote interprofessional values by dealing with conflict openly and constructively, acknowledging the work and value of all professions, and drawing out the contributions of all team members. In addition, managing emotions plays an important role in the success of such initiatives. A facilitator can encourage health professionals to use emotional intelligence for self-awareness and self-management; as they learn what triggers their anxiety or anger, they will be better able to prepare for such emotional responses and manage them. All members of the health care team can also be encouraged to both tune in to others' emotions and empathize, as well

as to show respect and use communication skills to keep focus on common purpose of the team. In all of these ways, the principles and practices of mediation and facilitation can foster collaboration among health care professionals, benefiting them, their organizations, and, most importantly, their patients.

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