**Facilitative Leadership, Mentoring and Coaching**

A Team Effectiveness model (TEM) is a system designed to create protocol of structure to achieve a particular objective by a group of individuals acting as one entity. Team effectiveness models are designed to help understand how best a team can be at peak productivity. The initiative we shall study in compliance to this assignment is population control in a public hospital using the Tuckman Effectiveness model. The Tuckman model explains how a model should be if it’s at peak effectiveness. The Tuckman model is therefore mistaken for being normative (Wild, 1999). The Tuckman model uses four steps the form stage, the storm stage, the normal and an extra stage that was developed much later the adjourn stage. TEM s were developed to explain how various parts move interdependently. This helps forecast the incoming problems and issues solving them before they occur.

 We shall examine how the Tuckman model fits into our population control initiative. Population control encompasses reducing congestion on hospital queues and hallways which is very common in metropolis hospitals all across Australia. Ever since the adoption of Medicare levy system that ensures all citizens are insured by the government, hospitals have had more and more Australians visiting the hospitals (Becker's Healthcare,2002). That in conjunction with generally improved access to healthcare has made people flock to hospitals which is all well and good. The downside however is the crowding of already under resourced hospitals having a huge lines and congestions therefore reducing the ability to identify grave conditions or emergencies especially for walk-ins. Walk ins meaning those that were able to take themselves to hospital, cases of people contracting diseases in a crowded waiting room and some even dying waiting for service are very common in public hospitals. A team to reduce overcrowding is not only necessary but paramount especially in a country that prides itself in being a leader in healthcare. The TEM has three branches. The first is Mindset.

**Mindset**

 This is the thought process behind the development of the actual team. A common mindset is required to ensure peak performance. This stage in the Tuckman model is what leads to the forming. This mostly refers to the mental headspace of the leaders who come up with the team. The mindset is supposed to reflect hierarchy and an understanding of the workplace and how the members respond to it (Becker's Healthcare, 2013). The mindset is usually based on two factors values and assumptions. Values representing what the people forming the team believe and their intentions. Assumptions meaning what information is common knowledge to all involved parties.

 In developing a team for population control the mindset has to ensure the values or more specifically intentions are to improve service delivery and they remain that way. If this mindset of patient first is not put on the forefront then it may go to just decongestion. At this point reducing hospital hours or less diligence to record keeping would also be a solution. The mental headspace at this point has to involve who will be most efficient to lead the initiative and who is perfect to lead the team. This stage ultimately leads to the design stage.

**Design**

The design stage involves executing based on premade values and assumptions. This stage involves structure. Structure mainly deals with hierarchy and the chain of command. Team structure entails defining a mission and detailing specific goals. A mission works to inspire productivity and gauge progress.   Team structure is also highly dependent on the motivation factor which rests on the arms of the chosen leader. The leader is supposed to motivate the team and enable them to approach the duties with enthusiasm. At the design stage members of the group are chosen ensuring that they are motivated individuals and are not too many or too few. Design involves defining the roles of each and every member so that the interdependence between members can go smoothly. At this stage the work is also divided between the members.

This stage is also the doing stage. Here the focus is solving issues, making informed calculated moves, handling compromises and passing information (The coaching tools company, 2017).

 In our population management initiative at this stage we select the team that will be able to handle the process. This requires the members at the front desk the security at the door and various nurses and interns. There should be no reason to outsource labor since all the parties just require a better system that will be efficient enough. The leader should obviously be a member of the front desk since that will be the most efficient pole position for crowd control. A clear line of communication should be developed and short term and long term goals set and made public.

**Mutual Learning**

 Mutual learning is the process of understanding and discovering new problem solving methods in a collective. A collective in this sense meaning the team. Mutual learning is the approach mainly used in the Tuckman model the first being unilateral theory where the decisions emanate from one person who makes all the decisions without consulting the team. Here the team just follows orders (Riter, 2018). The mutual learning model however tends to accept every person’s input assuming that all people have useful information.

 Mutual learning is mostly criticized for using a long time to come up with decisions which is sometimes catastrophic when dealing with time sensitive tasks. At this stage tests are carried out, all relevant data is shared between members (Miller, 2017). Here the actions are explained and the interests of the employees are heard and addressed. This step helps in reducing tensions instead of having an environment where everybody is trying to give their opinions without considering the other members.

 In our program for decongestion, a meeting aligning all the employees’ interests and possibly a member or two of the public will be on the books. Here members suggest possible solutions and also share information on systems they have seen work before. The protocol is reaffirmed and the process defined and outlined clearly (Manager, 2000). This stage is meant to allow for enhancement in the process and managing interdependent departments and personnel. The security guard, nurses and front desk managers will give their two cents on the process and have all their issues handled.  This stage is important since it emphasizes camaraderie and develops a good working culture.

**LO 2**

 For effectiveness in coaching individuals chosen for the position need to have efficient leadership skills to combat dissent among the ranks and promote motivation. The chosen system should be able to consider the rights and limits of each involved individual. This includes patients, doctors and other hospital personnel. The group leader has to be approachable and understanding to maintain dignity. The system also has to ensure the output or result of the process is positive to each and every group member (Iowa state, n.d.).

Any decision made should not stray too much from putting improvement of the quality of service. The common good should not at any one time be compromised. In different groups especially where execution takes a prolonged period the members get weary and demotivated causing a dip and some laxity in the process. Sacrificing ethics to finish the process quicker is bound to be a temptation and the main function of the group leader is to save the dignity and morality of the process from meandering. The members need to apply themselves and provide as much information as they can.

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