HUMAN SCAFFOLD

Building human connections for exceptional results

TAY RIVER HEALTH CENTRE:

Team Synergy retreat

July 23, 2026

Perth, ON

Key Objectives

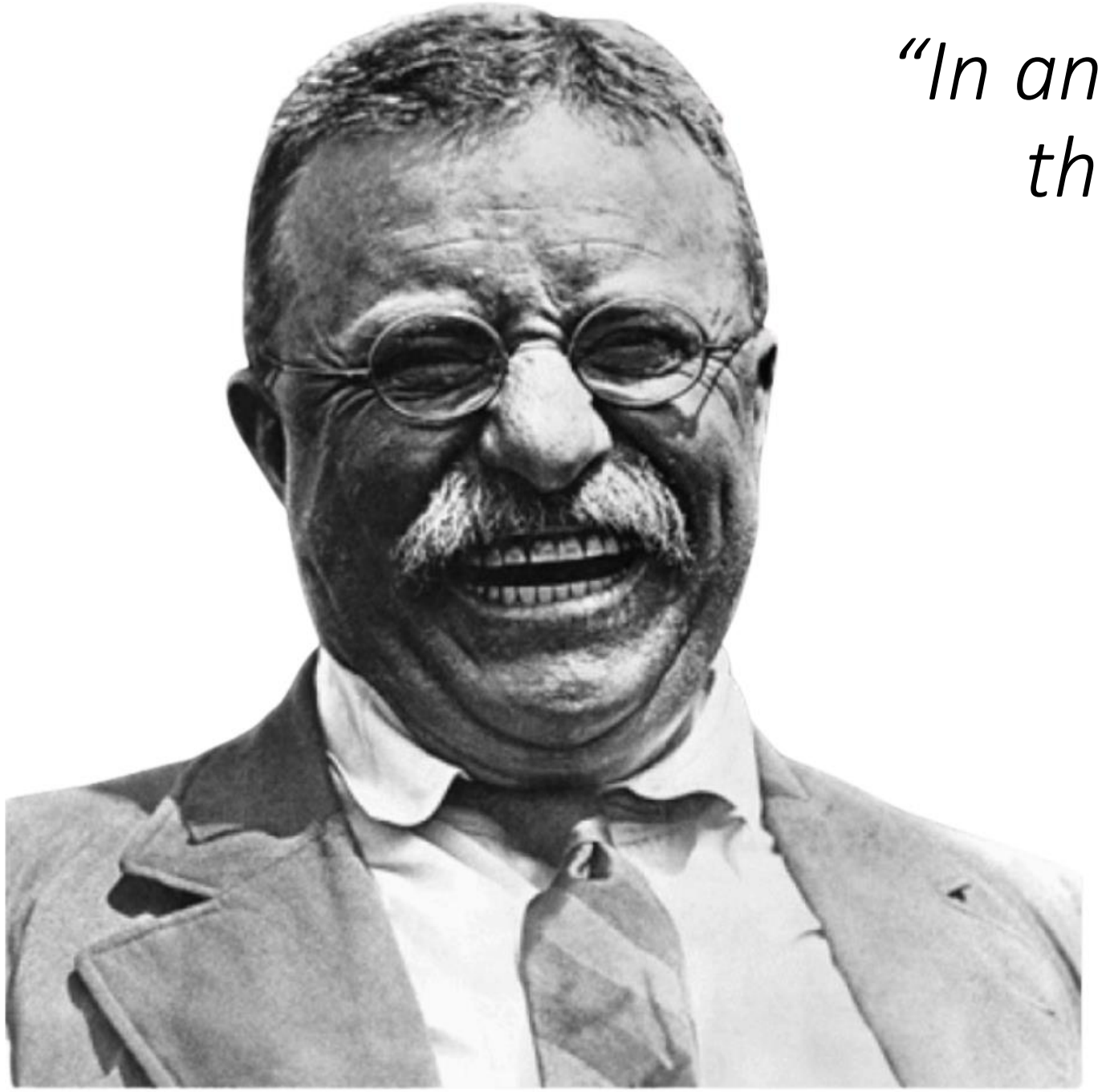
1. Build upon a team culture of “respectful candor” and “critical friends”;

2. Develop an external self-awareness of how others perceive you and how you believe that you are perceived;

3. Explore the above interactively using relevant scenarios and reflect on various perspectives in the group.

AGENDA

TIMEFRAME	DESCRIPTION
900-905am	**Intro kick-off**
905-915am	**"one honest goal"**
915-945am	**Conflict Companion**
945-1030	**CBCF Framework**
1030-1045	**BREAK**
1045-11pm	**Fun Activity**
11-1145	**Scenarios & Breakout Discussions**
1145-12pm	**Final Reflections**



“In any moment of decision…
the best thing you can do
is the right thing,
the next best thing
is the
wrong thing,
and the worst thing
you can do
is nothing."

Theodore Roosevelt



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I DARE YOU…

By high noon today, you will commit to ONE action, behaviour change & direct conversation you can work on immediately.

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COMMUNICATION COMMITTMENT

What is a CRITICAL FRIEND?

”Critical friends" are trusted individuals who provide constructive feedback in a supportive, honest way.

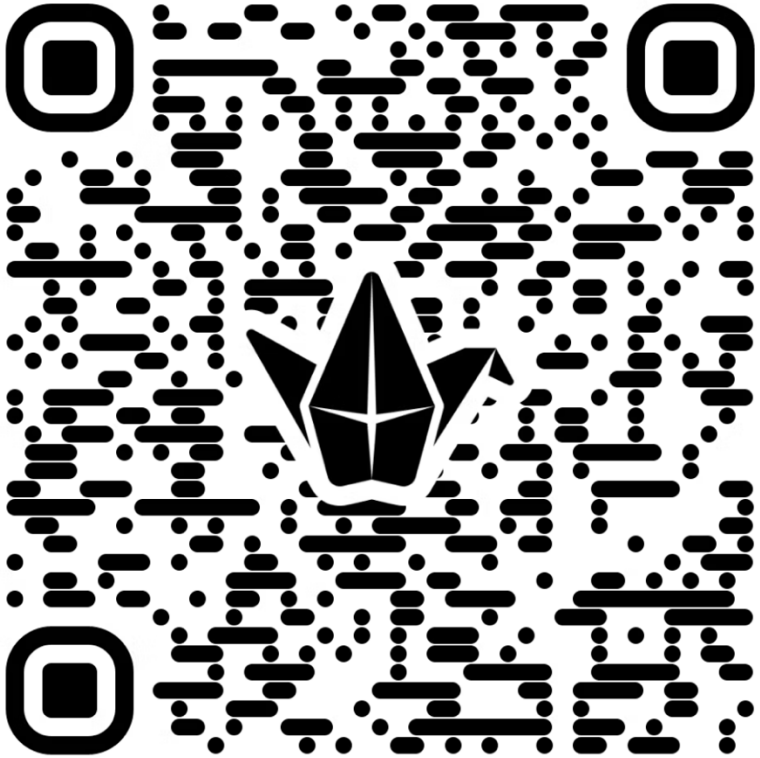
Be honest, not polite

Be specific, not general

Speak to help, not to judge

Today, we are allowed to say things we might normally avoid… because that’s how we improve.

ACTIVITY



Commit to one aspect of honest communication that you will practice today to help you both learn about yourself and support one another.

Click here to see Padlet results on your laptop/desktop

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‘NICE’
vs
‘GOOD’

INDIVIDUAL WHITE BOARD REFLECTION

How would you describe the difference between being 'nice' and being 'good'?

NICE

→ Surface-level pleasantries

→ Agreeableness

→ Avoiding conflict

→ Maintain short-term harmony

GOOD

→ Intrinsic moral character

→ Integrity

→ Values

→ Doing the right thing, even if it creates discomfort

IN SUMMARY

__nice__ is about appearing agreeable, while __good__ is about doing what is necessary…

even if it doesn't make you look "nice" in the moment

GROUP DISCUSSION



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The Conflict Companion



“We don't see the world as it is, we see it as we are”

Anaïs Nin

Conflict often happens not because people care less… but because they approach risk, outlook, and standards differently.



Keisha (lead nurse) is leading a new initiative to standardize documentation practices across the clinic. During a staff meeting, she asks if anyone has concerns about the proposed workflow.

Phil (nurse) says: *"No, it seems okay."*

But afterward, Phil privately tells coworkers:
"I don't think this is realistic. They don't understand how busy mornings actually are."

Over the next couple of weeks, Phil continues using parts of the old process and makes subtle comments that increase skepticism among the team.



Keisha senses resistance but avoids addressing it directly because she doesn't want to create tension or make Phil feel singled out.

Meanwhile, frustration quietly builds on both sides.

DISCUSSION

What are your thoughts on this situation?

RISK

High Risk Descriptors

- **Approach…** Direct, assertive, competitive, decisive.
- **Motivated by…** Situations that involve challenges with a desire to achieve results.
- **Tendency toward…** Bulldozing and being confrontational to reach their goal.

Low Risk Descriptors

- **Approach…** Careful, modest, mild-mannered, approachable.
- **Motivated by…** Clear and specific directives.
- **Tendency toward…** Seeking harmonious situations that are free from pressure and confrontations.

WHICH RISK STYLE DO YOU BEST IDENTIFY WITH?

DISCUSS WITH SOMEONE WITH THE SAME RISK TENDENCY

Where does your risk tendency show up in how you lead?
What are the benefits & challenges of this tendency?

OUTLOOK

Optimist Descriptors

- **Approach…** Sanguine, hopeful and embraces change.
- **Resilience…** Seeing setbacks as temporary and not letting it seep into other areas of their life example.
- **Strengths…** Dealing with & overcoming setbacks – but may overlook risks.

Realist Descriptors

- **Approach…** Cautious, realistic, and skeptical.
- **Resilience…** seeing setbacks as permanent, and pervasive (letting it seep into other areas of their lives).
- **Strengths…** The ability to foresee issues and what could go wrong (“inversion thinking”) – but may limit progress.

WHICH OUTLOOK STYLE DO YOU BEST IDENTIFY WITH?

DISCUSS WITH SOMEONE WITH THE SAME OUTLOOK TENDENCY

What frustrates you about people with a different outlook tendency?

What do they misunderstand about you?

STANDARDS

High Standards Descriptors

- **Requires…** structure & standards in decision-making.
- **Motivated by…** wanting things done "right." Their first thought when others fall short: "Why would they do it that way?"
- **Strengths…** inspiring growth through structure & quality.

Flexible Standards Descriptors

- **Requires…** options and the potential to consider new ways of doing things.
- **Motivated by…** being more hands-off, focusing on results over process: "As long as it gets done, who cares how?"
- **Strengths…** adaptability & navigating ambiguity.

WHICH STANDARD TENDENCY DO YOU BEST IDENTIFY WITH?

DISCUSS WITH SOMEONE WITH THE SAME STANDARDS TENDENCY

How does a mix of standards tendencies pose a challenge for leadership in your medical clinic?



RISK	LOW
OUTLOOK	REALISTIC
STANDARDS	HIGH



RISK	LOW
OUTLOOK	OPTIMISTIC
STANDARDS	FLEXIBLE

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Keisha senses resistance but avoids addressing it directly because she doesn't want to create tension or make Phil feel singled out.

Meanwhile, frustration quietly builds on both sides.

DISCUSSION

Why might Keisha hesitate to address the behaviour directly?

What happens when concerns stay private?

WHAT IS YOUR CONFLICT COMPANION PERSONA?



RISK	**LOW**
OUTLOOK	**OPTIMISTIC**
STANDARDS	**FLEXIBLE**



RISK	**LOW**
OUTLOOK	**REALISTIC**
STANDARDS	**HIGH**



RISK	**LOW**
OUTLOOK	**REALISTIC**
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RISK	**LOW**
OUTLOOK	**OPTIMISTIC**
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RISK	**HIGH**
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RISK	**HIGH**
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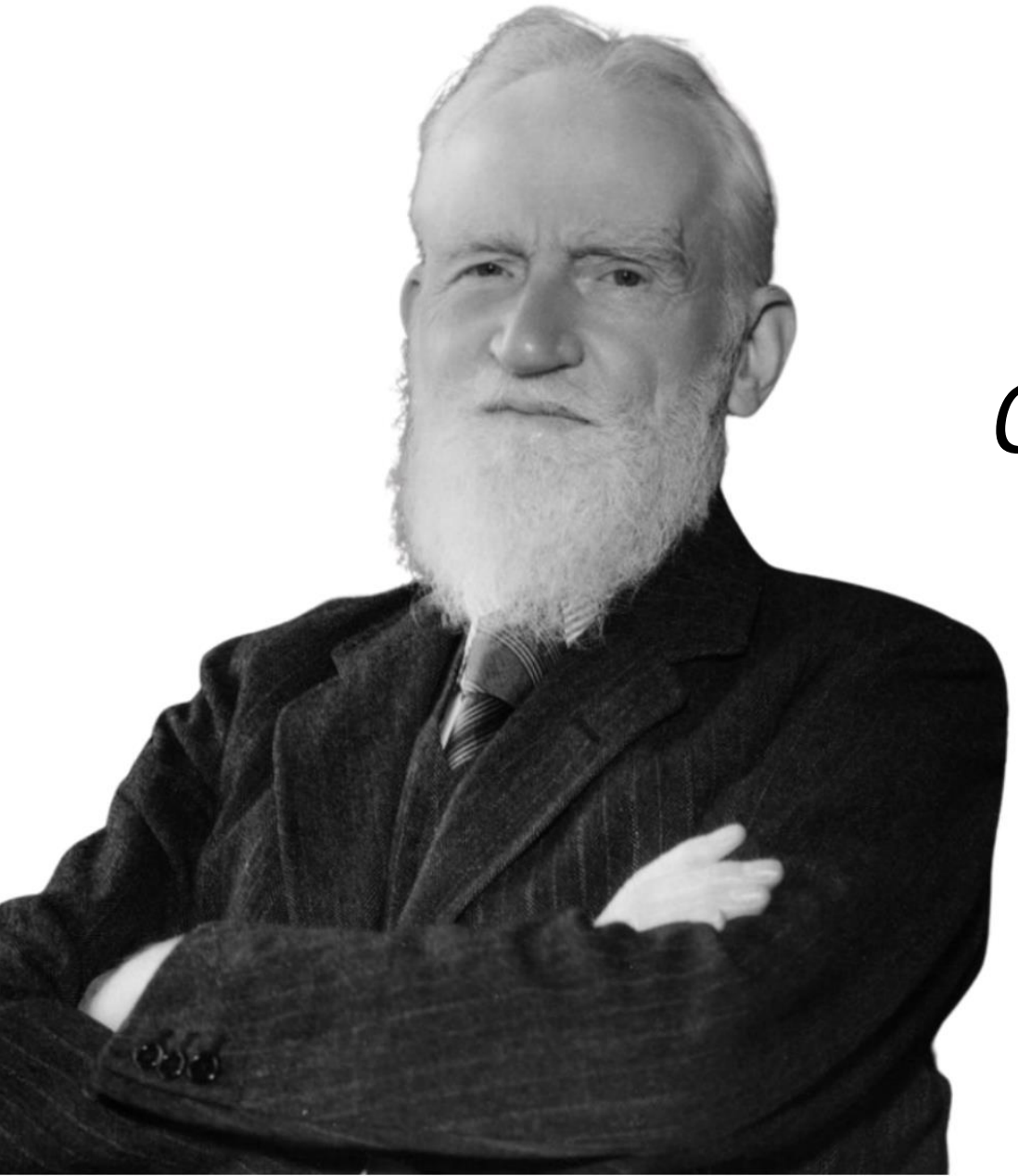
RISK	**HIGH**
OUTLOOK	**REALISTIC**
STANDARDS	**FLEXIBLE**



RISK	**HIGH**
OUTLOOK	**OPTIMISTIC**
STANDARDS	**FLEXIBLE**

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CBCF FRAMEWORK



“The single biggest problem in communication is the illusion that it has taken place.”

George Bernard Shaw



RISK	LOW
OUTLOOK	REALISTIC
STANDARDS	FLEXIBLE

The waiting room is full at the family health clinic. Phones are ringing, patients are checking in, and the schedule is tight.

Wanda (reception) is doing her best to keep things moving at the front, but she's not one to make a fuss when things start to back up.

Nora (nurse) is still with a patient well past the allotted appointment time.

This isn't the first time today. She's kind and thorough, and patients love her — but the delays are starting to cause backups, and Wanda is the one fielding the questions at the front.

Wanda notices but doesn't say anything. She likes Nora, and he doesn't want her to feel criticized for taking good care of patients.

So, the tension just… lingers.



RISK	LOW
OUTLOOK	OPTIMISTIC
STANDARDS	HIGH

DISCUSSION

What are your initial thoughts on this situation?

Our Vision

Our aim is to create a future where the barriers to health care are minimized and all members of our community have access to the highest quality of integrated, patient-centered primary health care - at one, accessible location.

Our Objective:

A higher quality of care

Tay River Health Centre provides high quality, comprehensive, interdisciplinary health care to the residents of Lanark County and beyond. Our aim is to empower our patients to manage all of their healthcare needs by offering our services at one accessible location.

TAY RIVER
Health Centre

Our Five Pillars

Respect	Excellence	Inclusivity	Collaboration	Accountability

COLLABORATION

Outline what good collaboration looks like between staff members

BOUNDARIES

Frame the boundaries in staff member relationships.

COMMUNICATION

Describe what ideal, open communication looks like between staff.

FEEDBACK

Articulate best practises for giving and receiving feedback.

Collaboration

→ Outline what good collaboration looks like between staff members.

Boundaries

→ Frame the boundaries in staff member relationships.

Communication

→ Describe what ideal, open communication looks like between staff.

Feedback

→ Articulate best practices for giving and receiving feedback.

Click here to see Padlet results on your laptop/desktop

GROUP DISCUSSION: *CBCF framework*

1. How will the CBCF framework help you moving forward…
   a. In your role?
   b. Working with others?
   c. Observing other relationships in the clinic?

2. Would you consider committing to completing a CBCF framework with a colleague you work closely with?



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OUTLOOK	REALISTIC
STANDARDS	FLEXIBLE

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RISK	LOW
OUTLOOK	OPTIMISTIC
STANDARDS	HIGH

DISCUSSION

If Wanda & Nora were to sit down and complete a CBCF framework together, what might it look like?



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BREAK



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GET YOUR WHITE BOARDS!

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SCENARIOS



RISK	**HIGH**
OUTLOOK	**REALISTIC**
STANDARDS	**HIGH**

Lucy, the new clinic manager, has launched a new system to improve how the clinic runs. Most of the team (nurses, reception, and other staff) have worked hard to follow it.

Manny, a senior physician, told Lucy that the doctors are on board too.

But… behind the scenes, staff like Nora and Percy are noticing that Manny isn't following the new process. He's skipping steps and doing things the old way.

Lucy doesn't know this. She trusts Manny and thinks everyone is following the plan.

Now, the staff feel stuck.

One of the nurses did try raising it with Lucy a few weeks ago, but the conversation stayed vague and nothing changed. She's since decided that next time, she'll come with something more specific.

They don't want to tattle, but it's frustrating. They are doing their part, and the doctors are not. The staff wants to keep things positive, and no one knows how to bring it up without making it awkward.



RISK	**HIGH**
OUTLOOK	**OPTIMISTIC**
STANDARDS	**FLEXIBLE**

DISCUSSION

How can clinic staff raise concerns about misalignment without feeling like they're throwing someone under the bus?

What systems or practices could help Lucy (or any leader) see what's happening on the ground?



RISK	HIGH
OUTLOOK	REALISTIC
STANDARDS	FLEXIBLE



RISK	LOW
OUTLOOK	REALISTIC
STANDARDS	FLEXIBLE

The medical team is preparing for a critical audit:

Bob (provider) notices sloppy documentation but decides to move on. It will just take up time, and he knows the correct procedure, so he figures, “What’s the point”?

Percy (clinic manager) has the strength to pull the team together and be the glue. She needs to rely on the high-standard staff to get her through the audit, but no one is speaking up, even when asked.

Nora (nurse) senses his tension but avoids conflict. She says, “it’ll pass”, instead of addressing concerns.

Wanda (reception) makes jokes to diffuse the mood but avoids serious conversations. She grows disengaged when things get tense.

DISCUSSION

How might having a “critical friend” on your team help you grow… and help prevent mistakes?

How could practising “respectful candor” lead to better communication and, ultimately, safer, higher-quality patient care?



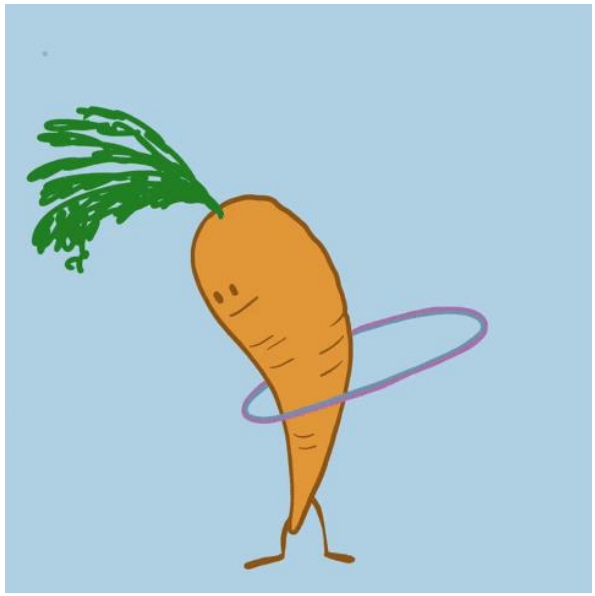
RISK	LOW
OUTLOOK	OPTIMISTIC
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RISK	HIGH
OUTLOOK	OPTIMISTIC
STANDARDS	HIGH

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HOOLA HOOP ACTIVITY



HOOLA HOOP GROOPS

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What is the GENERATOR-RECEIVER MODEL?

Nurses and providers are the **generators** of work e.g. requisitions, referrals, follow-ups. They create the request, but often aren't the ones who carry it out.

Admin and reception are the **receivers**. The work lands on their desk with far less say over how or when it gets done.

That imbalance breeds quiet friction: whoever asks last, loudest, or with the most perceived authority tends to get prioritized first… and someone else's work waits.

At Tay River: who generates the work on your team, and who receives it?



RISK	HIGH
OUTLOOK	REALISTIC
STANDARDS	FLEXIBLE



RISK	LOW
OUTLOOK	REALISTIC
STANDARDS	FLEXIBLE

It's a busy morning at the front desk. **Wanda (reception)** is juggling phones, check-ins, and a growing line of patients waiting to book follow-ups.

Bob (provider) stops by: "I need this referral sent out today… it's urgent."
Nora (nurse) comes by minutes later: "Can you fit Mrs. Chen in for a same-day dressing change?"

The schedule shows no open slots, so Wanda needs to pick who goes first, and defaults to the physician without thinking twice.

Nora feels it. Her request keeps landing at the bottom of the list, and she's starting to feel like her work matters less than the providers'.

Meanwhile, patients keep calling in asking to be squeezed in. Wanda knows the schedule is full, but if he says no, the complaint lands on him, not on whoever set the limit



RISK	LOW
OUTLOOK	OPTIMISTIC
STANDARDS	HIGH

DISCUSSION

Whose workload is invisible in this scenario, and why?

How does the generator-receiver dynamic show up here in Tay River? Who generates the work, and who needs to prioritize it, often without the full picture?

What would it look like for Wanda to set a boundary here, and who needs to support him if he does?

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FINAL REFLECTION

FINAL REFLECTION: *what's next?*

What is ONE action, behaviour change & direct conversation that you will commit to?

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LUNCH



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