

## **Minding the collaborative gap**

**Learning to approach collaboration differently**

*Question your collaborative process and take steps to revise your collaborative approach*





I am grateful to be joining you today from the traditional, ancestral, unceded territory of the Tk'emlúps te Secwepemc.



# Outline

- Why healthcare collaboration?
- Introduce four key concepts and reflective exercises
- Summary activity

# Objectives

- Reflect on and apply each concept through structured short activities.
- Question your own collaborative process and take steps to revise your collaborative approach.



# Why Healthcare Collaboration?

Recent policy changes in primary care are asking healthcare professionals to collaborate.

Healthcare collaboration can be:

- Multi-dimensional
- Non-linear
- Messy
- Both a process and an outcome



(Aggarwal & Williams, 2019; Bondevik, et al., 2015; Ministry of Health, 2015; Seaton et al. 2018; Wranik, 2019).

# Methodology

Comparison of primary care collaborations across three time periods:  
(1) pre-Wave 1 COVID-19, (2) Wave 1 COVID-19; and (3) post-Wave 1 COVID-19.



15 Semi-structured  
Interviews



Discourse Analysis



Member Checking

# What if we approached collaboration differently?



Observing boundaries \* Acknowledged the uniqueness \* Exploring the role of power



MONIQUE WALSH  
facilitating collaborative change

# Collaborative Storytelling

- What were you collaborating about?
- What were the interactions like between collaborators?
- What emotions did you experience?
- What did the room and/or virtual space look like? Feel like?
- Was there any food/refreshments served? What were they?

# 1. Constructing Boundaries

The *process* of creating boundaries

Boundaries can be: physical, mental, or social

Boundaries are:

- Performed
- Paradoxical

(Hernes, 2003; Holford, 2015; Paraponaris & Sigal, 2015)

## 2. Embeddedness

Things and people are unique; how they relate to one another is unique; where they find themselves situated is unique; and learning that occurs is unique.

- Emergency departments are both the same and different across hospitals

### 3. Decision-making

- Group dynamics, sizes, mandates, and senses of shared responsibility vary.
- Role and responsibilities include where and what decisions get made.
- Need for “deroleing”

(Ansell & Gash, 2008; Sayogo et al. 2016; Shaw et al., 2007)





## 4. Performativity

- Models do not merely represent the possible future states they predict it by leading to behaviour.
- COVID-19 in BC and models of the Hubei and Northern Italy experience

(BC Ministry of Health, 2020; Leonardi, 2021 )

# Objectives

- Reflect on and apply each concept through structured short activities.
- Question your own collaborative process and take steps to revise your collaborative approach.

*By increasing our understanding of the process of collaboration we may be able to change our collaborative approach and be in a better position to deliver on collaborative healthcare policy direction.*



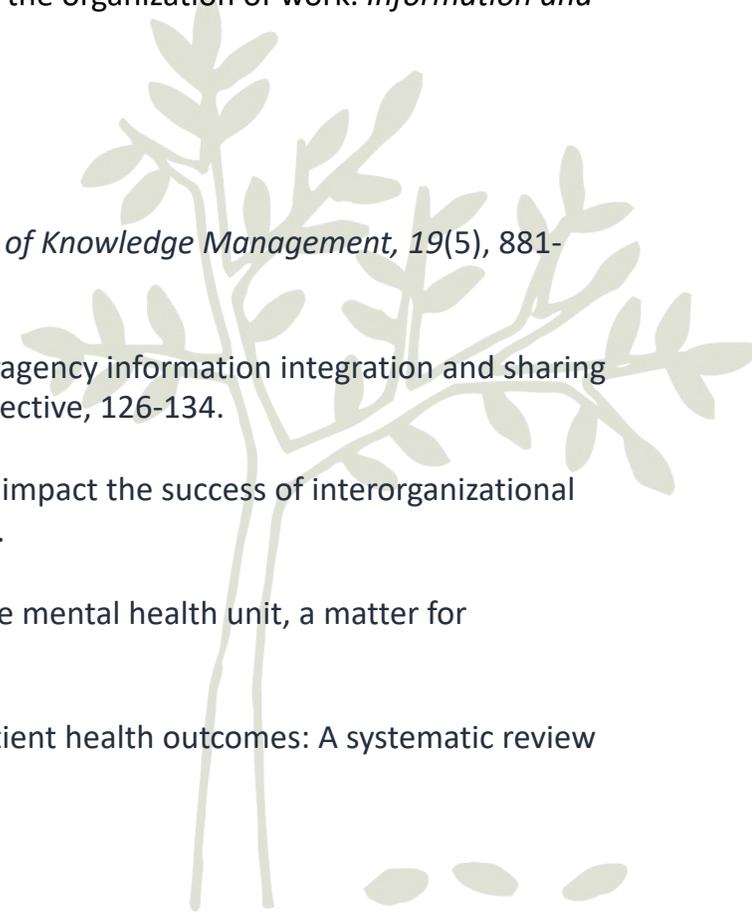
# References

- Aggarwal, M. & Williams, A.P. (2019). Tinkering at the margins: evaluating the pace and direction of primary care reform in Ontario, Canada. *BMC Family Practice*, 20(128), 1-14. <https://doi.org/10.1186/s12875-019-1014-8>
- Ansell, C. & Gash, A. (2008). Collaborative governance in theory and practice. *Journal of Public Administration Research and Theory*, 18(4), 543-571.
- BC Ministry of Health. (2020). *COVID-19: critical care and acute care hospitalization modelling* (Technical Brief March 27, 2020). [https://news.gov.bc.ca/files/COVID19\\_TechnicalBriefing\\_Mar27\\_2020.pdf](https://news.gov.bc.ca/files/COVID19_TechnicalBriefing_Mar27_2020.pdf)
- Bechky, B. A. (2003). Sharing meaning across occupational communities: The transformation of understanding on a production floor. *Organization Science*, 14, 312-330.
- Bondevik, G. T., Holst, L., Haugland, M., Baerheim, A., & Raaheim, A. (2015). Interprofessional workplace learning in primary care: Students from different health professions work in teams in real-life settings. *International Journal of Teaching and Learning in Higher Education*, 27(2), 175-182.
- Hernes, T. (2003). Enabling and constraining properties of organizational boundaries. In N. Paulsen & T. Hernes (Eds.). *Managing boundaries in organizations: Multiple perspectives* (pp. 35-54). Houndmills, Basingstoke, Hampshire, UK: Palgrave MacMillan.
- Holford, W.D. (2015). Boundary constructions as knowledge flows within and between work groups. *Knowledge Management Research & Practice*, 13(2).
- Hussain, A., Rossi, T. & Rynne, S. (2019). Learning in the ED: Chaos, partners and paradoxes. *Journal of Workplace Learning*, 31(6), 361-376.



# References

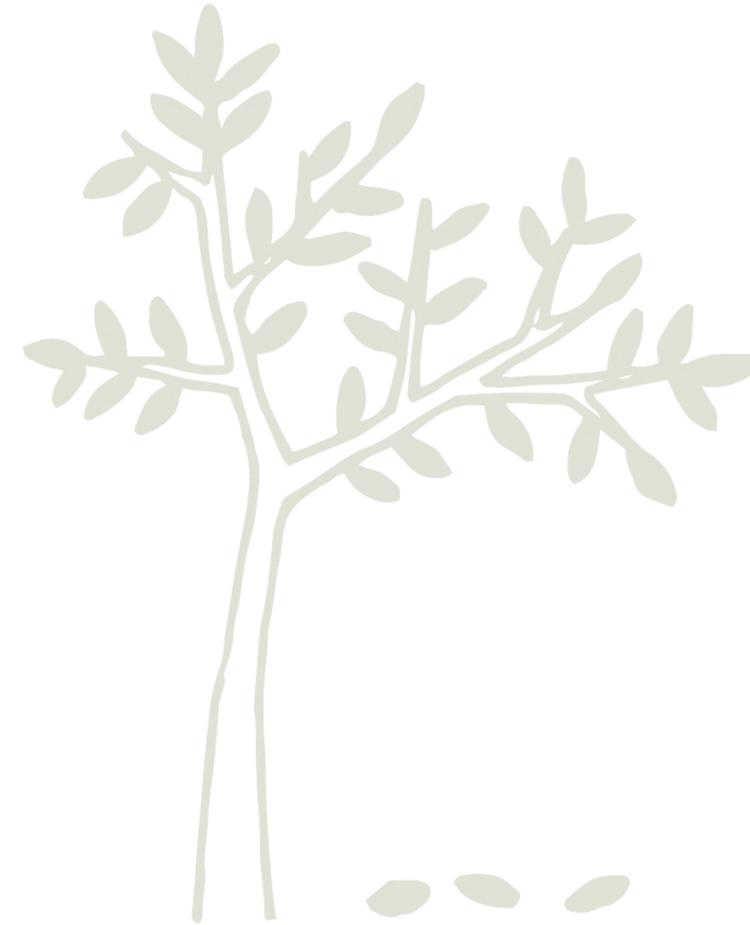
- Leonardi, P., Woo, D. & Barley, C. (2021). On the making of crystal balls: Five lessons about simulation modeling and the organization of work. *Information and Organization* 31(1), 1-26.
- Ministry of Health (2015). Primary and community care in BC: A strategic policy framework. <https://www.health.gov.bc.ca/library/publications/year/2015/primary-andcommunity-care-policy-paper.pdf>
- Paraponaris, C. & Sigal, M. (2015). From knowledge to knowing, from boundaries to boundary construction. *Journal of Knowledge Management*, 19(5), 881-899.
- Sayogo, D. S., Gil-Garcia, J. R. & Cronemberger, F. (2016). Determinants of clarity of roles and responsibilities in interagency information integration and sharing (IIS). Presented at the international conference on electronic government and the information systems perspective, 126-134.
- Seaton, C. L., Holm, N., Bottorff, J. L., Jones-Bricker, M., Errey, S., Caperchione, C. M., & Healy, T. (2018). Factors that impact the success of interorganizational health promotion collaborations: A scoping review. *American Journal of Health Promotion*, 32(4), 1095–1109.
- Shaw, M., Heyman, B., Reynolds, L., Davies, J. & Godun, P. (2007). Multidisciplinary teamwork in a UK regional secure mental health unit, a matter for negotiation. *Social Theory & Health*, 5, 356-377.
- Wranik, W. D. (2019). Implications of interprofessional primary care team characteristics for health services and patient health outcomes: A systematic review with narrative synthesis. *Health policy*, 123(6), 550-563.



# **MINDING THE COLLABORATIVE GAP:** Learning to Approach Collaboration Differently

QUESTIONS?

Monique Walsh, PhD(c)  
[monique.walsh@ubc.ca](mailto:monique.walsh@ubc.ca)



# Key Themes

takes time  
Success requires aligned values.  
Communication is key!

High-volume of work.  
Structure affects power

time vs timelines

Building trust

feeling like you belong

frame of view

Common goal

Multidisciplinary  
"Turf-war"  
Assumptions of responsibility

## How might you approach designing/participating in collaboration based on today's discussion?

Define the boundaries so that we have mutual understanding and hopefully reduce frustrations. ✓

More intentional planning for icebreakers/grounding exercises to understand who the people are who are coming together + what their motivations are (where their boundaries are) ✓

Early & Often - know your audience ✓

Be patient.

Plan for a series of interactions and expect to improve over time.

Identify and actually talk about biases/inequities in the group bring it out of the shadows

Identify who is missing from the team

Pop's priorities coming into collaboration

→ there are differences in decision-making you need to be clear on who collaborates  
→ Being clear about roles  
→ What's negotiable + what isn't as we go into + collaboration process/paper

Talking time to appreciate what's there of being

# Has your thinking about collaboration changed? Elaborate.

① I realize we need take time to introduce ourselves and our vantage point, but we may not understand the importance of take out set.

time → need more time for collab  
 → no time = angry quick building of collab

It was stressful importance of looking at all of the aspects of collaboration - seeing the elements in situations & how to understand them & the principles & the importance of collaboration

No. I think I follow the approach today.

Yes - there need to be some level of self before we start to collaborate. We need to have some knowledge of our own strengths & weaknesses & how they relate to the project.

need more time for collab

no time = angry quick building of collab

I like the concept of thinking about what elements are on & off the table

new ideas to me

Also awareness of defining who is on & off the table - we can't have a boundary for who is off team

yes - not all boundaries are obvious or explicit

Being more aware of the need to be able to participate equally in conversation

# What questions does this approach raise?

- ① If we overthink how to collaborate, the process can be super lengthy - How do we make the process effective but less time consuming?
- ② How do we decide whether a collaborative approach is the best one to take?

Collaborative - being collaborative looks different to me

How do boundaries impact collaboration and how to overcome these towards effective collab?

Who usually suggests collaboration why?

Can we make some everyone in the collaboration has just someone who is in the center of the group instead of having someone who is in the center & everyone else is on the outside?

Being more aware of the need to be able to participate equally in conversation

collaboration = panacea? If I am caught to start a collaborative will I be seen as "not a team player"?

It would be nice to have a simple definition of the future but also to be able to think about & present, possibly differently (as constructed rather than objective?)

Is equity involved in collaboration?

Is there a structured approach?

It may collaborate in a way that the main idea is to have structure?