

Getting real about collaboration: Tapping into the expertise of everyone at the table

Dr Jordan La Rue

Family physician
Co-Chair, Central Zone PCN
Committee

Jodi Thesenvitz

Operations Lead
Central Zone PCN
Committee

Jana Lait

Primary Care Lead
Central Zone
Alberta Health Services

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Disclosure of Financial Support

- This program has not received any financial or in-kind support.



Mitigating Potential Bias

- The scientific planning committee has contributed to the consideration of learning needs, the determination of learning objectives, the development of program content, and the choice of speakers or presenters.
- No sponsorship funds have been received.
- The scientific planning committee has reviewed the content of the presentations and ensured that content presented is evidence-based and free of undue influence.

Faculty/Presenter Disclosure

- Faculty: **Dr Jordan La Rue**
- Relationships with financial sponsors:
 - Physician Lead Executive position (.2 FTE) is funded by the Central Zone PCN Committee

Faculty/Presenter Disclosure

- Faculty: **Jodi Thesenvitz**
- Relationships with financial sponsors:
 - Operations Lead position (1.0 FTE) is funded by the Central Zone PCN Committee

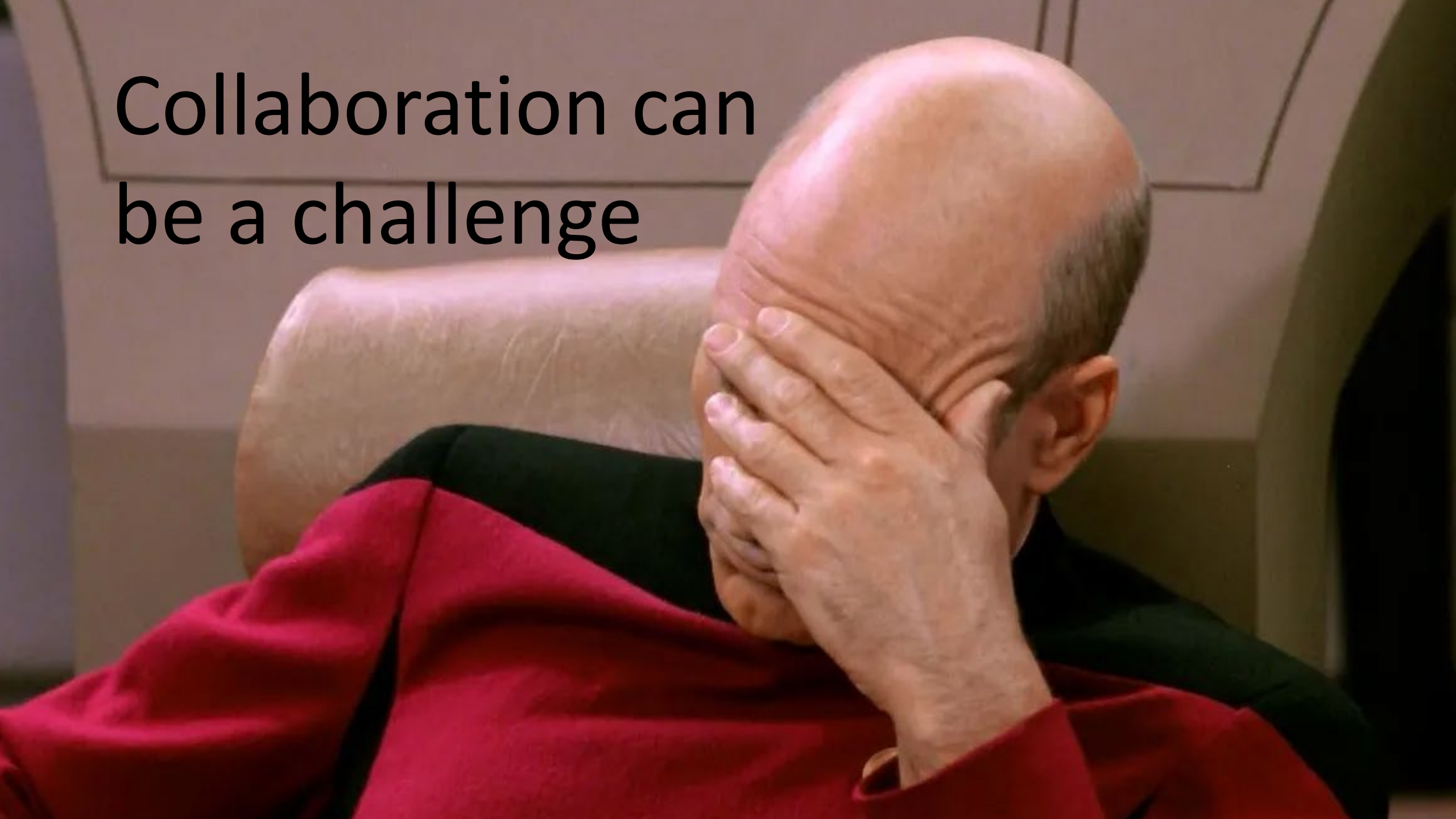
Faculty/Presenter Disclosure

- Faculty: **Jana Lait**
- Relationships with financial sponsors:
 - AHS employee

Patient's Medical Home



Collaboration can
be a challenge





2-hour meeting



20 people: 10 physicians, 10 operations leaders & staff



= 2400 people minutes



\$226/hour x 2 hours x 10 physicians = \$ 4520

~\$75/hour x 2 hours x 10 operations = \$ 1500

Total= \$ 6020

How many of those 20 people share their unique perspectives, expertise and experiences?

How often do organizers leave with detailed input to land on actions everyone feels ownership over?

Red flags

Hosts do most of the talking

Only a few people share

The discussion lacks depth

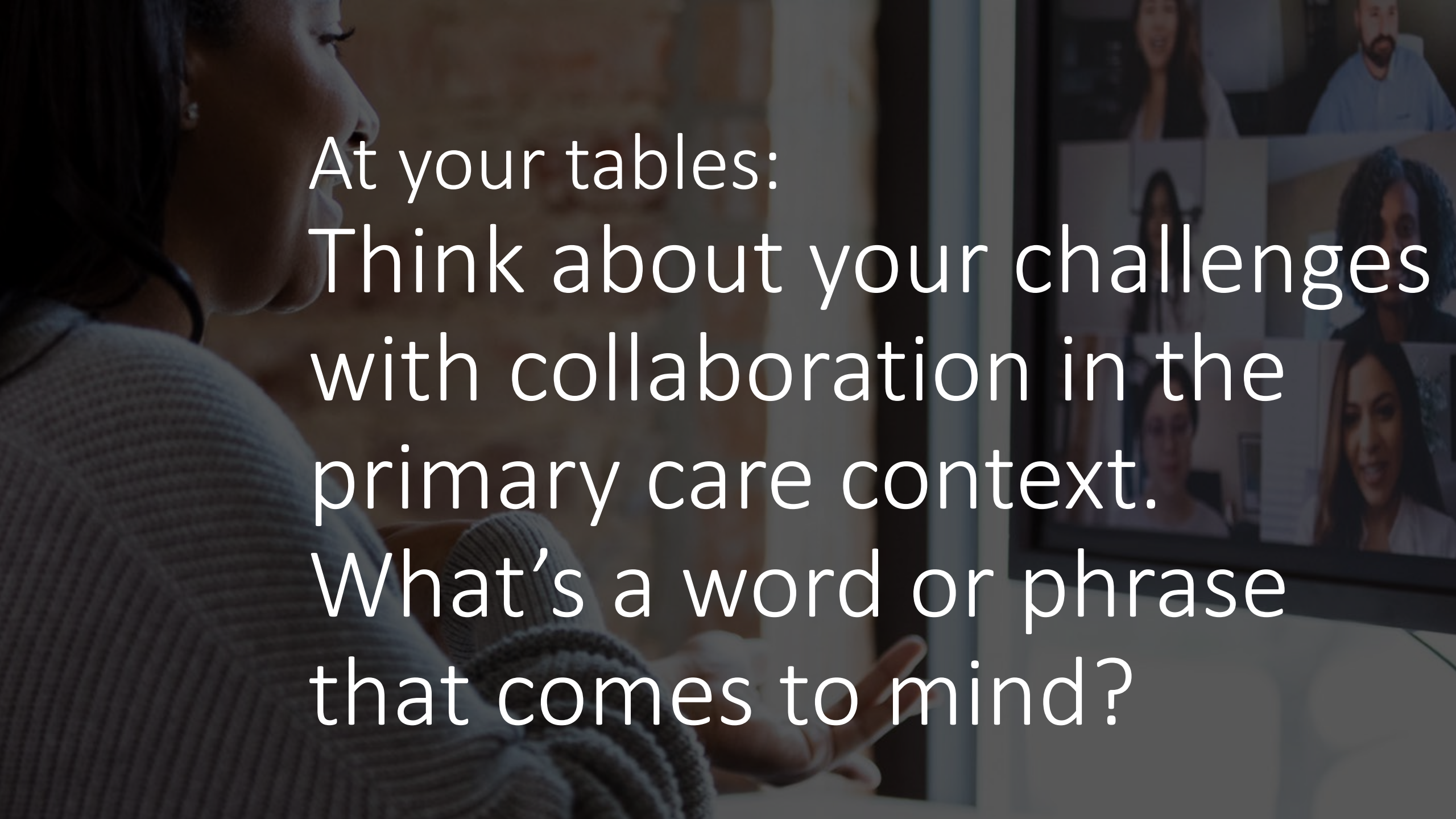
People come unprepared

Groundhog Day: circular conversations

No clear actions for most participants

People voice their true opinion after



A woman in a grey sweater is shown in profile, looking towards a large screen. The screen displays a video conference with several participants. The text is overlaid on the image in white.

At your tables:
Think about your challenges
with collaboration in the
primary care context.
What's a word or phrase
that comes to mind?

Wildly important collaboration goals!

Organizers have hit the mark when each collaborator:

- is given **adequate time** to contribute
- feels **highly valued** for their unique perspectives and expertise
- knows their views are **heard** and **considered** as part of the solution or next steps
- is as **excited** as organizers to advance the work
- knows their **role** in the partnership

Each collaborators' time
is a **valuable resource** to
be treasured.

Each person has
critically important
perspectives.



A group of people are seated around a long wooden conference table in a bright, modern office setting. They appear to be in a meeting, with several laptops open on the table. The room has large windows in the background, letting in natural light. The overall atmosphere is professional and collaborative.

Don't solely rely on big meetings

Some people need time to process

Some don't pay attention

Some aren't available

Some aren't comfortable sharing in a large forum

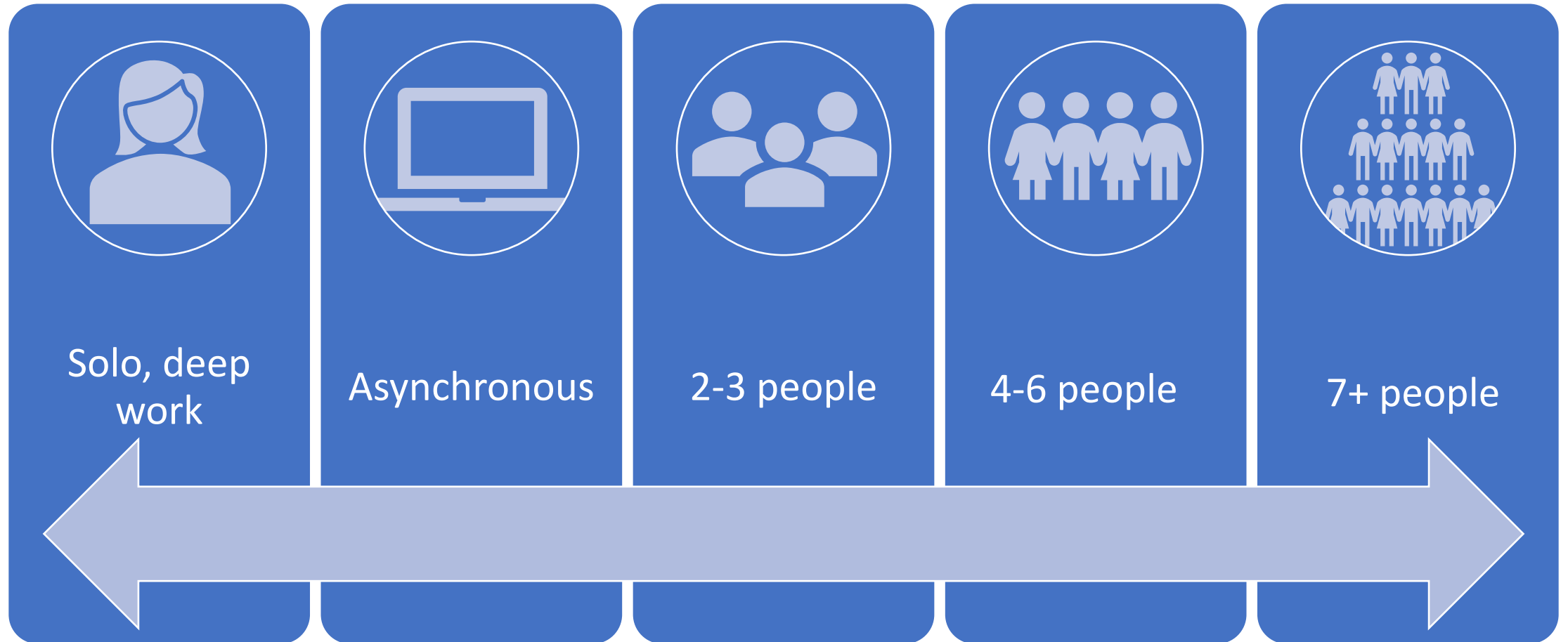
Time runs out before everyone shares

Be creative and bold

Change group configuration and meeting format to best support the work at that stage of the project



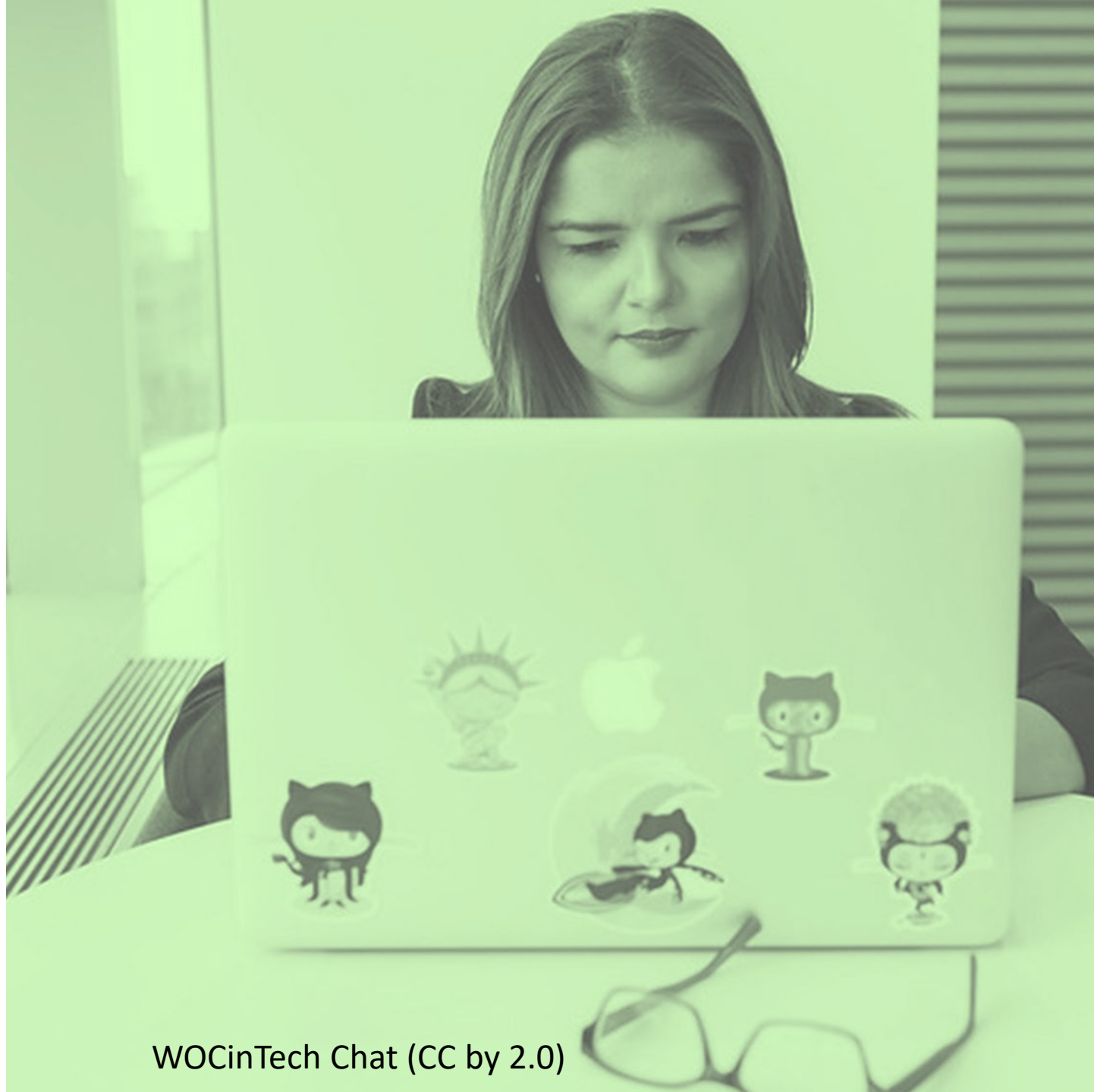
Continuum of collaboration



Discuss with half your table:

How can meeting organizers get meaningful input from each person in a partnership?

And what are the barriers to doing that?





Step 1:
Clarify the
purpose

Clarify the purpose

Consider the specific purpose of every meeting.

For example, is it to:

- Build relationships

- Build a basic understanding of an issue

- Build a detailed understanding of next steps

- Brainstorm options

- Assess options

- Decide among options



Step 2:
Determine
who to
involve and
when

Who

Who are the decision makers?

Who's implementing: the “do-ers”?

Who's impacted: patients, front line staff, admin, physicians?

Who could have concerns about implementation?

Who has experience in the area?

Which people need to be **involved**, which need to be **consulted** and which need to be **informed**?



Step 3:
Consider
group
dynamics

Group dynamics

Giving constructive and respectful feedback takes mental energy.

Sometimes it's easier to give it (and receive it) when it's a smaller group.



Step 4:
Design
activities that
tap into
expertise

Tapping into expertise

1. How do we tap into each person's best thinking on a topic?
2. How do we create space for them to share that thinking?



Step 5:
Determine
what to do
with the
input

Each collaborators' time
is a **valuable resource** to
be treasured.

Each person has
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perspectives.





At your tables:

Reflecting on what we've shared, what might you want to try or what other ideas do you have?

Engage





**Thank you
for attending**