From collaboration to navigation: A new perspective on collaborative practice

Alexandra Little
PhD Candidate | The University of Newcastle

Where this began...

Thank you for joining in!

A few disclaimers before I get underway...

Disclaimer #1

Images used throughout come from my project and were generated by:

- Participants
- Myself
- My supervisors

Warning - Visuals ~~may~~ will not be related to slide content. This is not a test of your ability to detect hidden meaning!

Photo elicitation

Qualitative research technique

Photographs are incorporated and discussed during an interview (can also analyse images)

Participants asked to bring images that represented how they felt they had been prepared for **collaborative practice**

Enables alternative access to experiences that can generate deeper insights

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Disclaimer #2

My research findings have not yet been published ...

This is a sneak peek!

Please reference anything you gain from today accordingly

Disclaimer #3

This is qualitative research

Most numbers were kidnapped for safekeeping by quantitative researchers and will not be appearing in today's presentation

In a nutshell

1 + 3

UNIVERSITY OF NEWCASTLE

UNIVERSITY OF NEWCASTLE | DEPARTMENT OF RURAL HEALTH

2x

34 interviews

‘A Little’ bit about me

Professional

Speech Pathologist
Practice educator
Academic and researcher
Always worked in teams

Personal

Enjoy collaborative pursuits
Team sports, community choirs and orchestras, amateur musical productions

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How do we learn to collaborate?

Important

Within healthcare and in preparing collaborative practice-ready graduates

“Shared”

Purpose, goal, communication, expectations

Complex and dynamic

Occurs across different times, spaces, people and purposes

Not easily replicable → **Requires navigating**

Lens of ‘navigating’

Zooming in on the dynamic, ongoing, interconnected nature of collaborative practice

My research

The lived experience of NAVIGATING collaborative practice for healthcare as beginning practitioners

Positioning

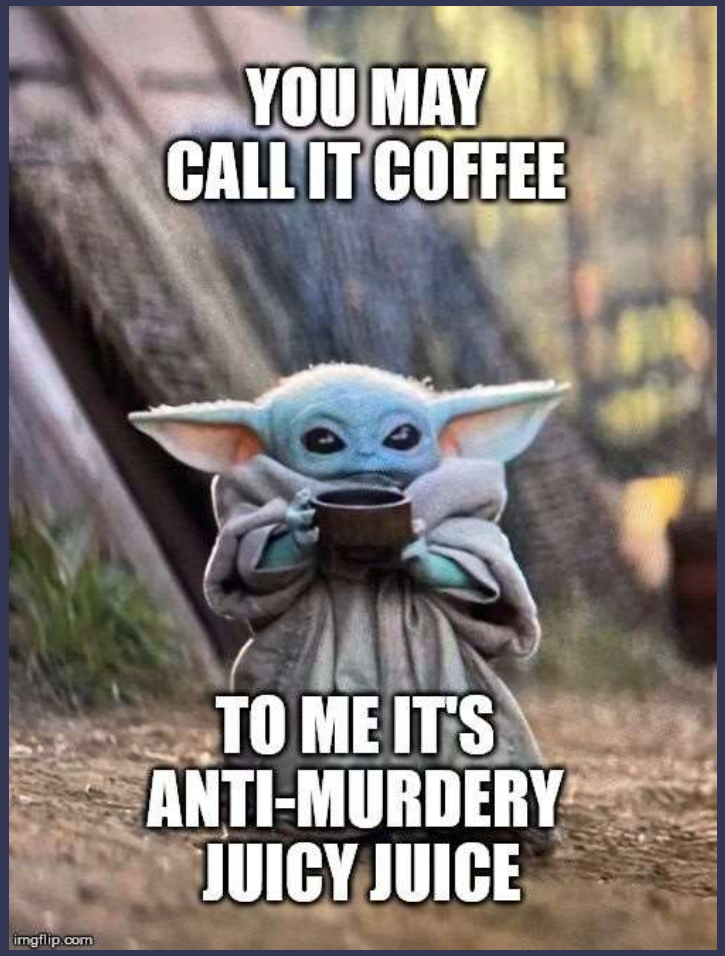
Interpretive paradigm
Hermeneutic phenomenology

Method

Semi-structured interviews
Photo-elicitation
Crafted stories from participant experiences

Participants

17 beginning practitioners
10 different health professions
Interviewed at 2 time points



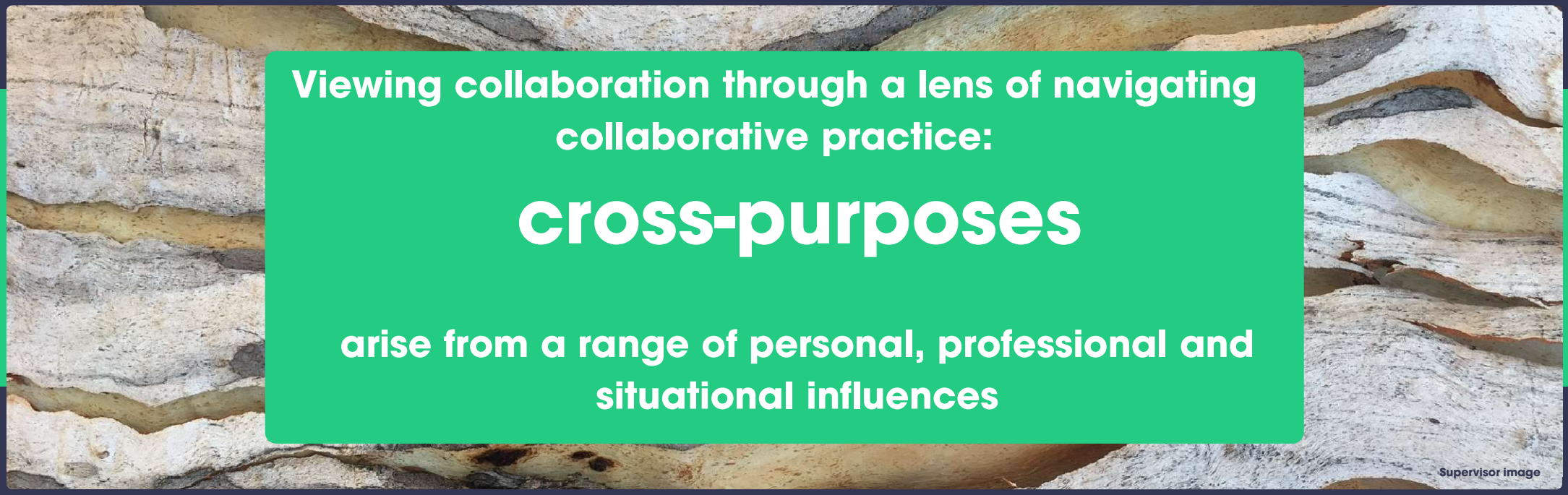
Participant image

One more teeny tiny disclaimer...

This presentation is not quite as advertised

Research is an evolutionary endeavour
If I knew the answer already, I would have stopped long ago!
The more I read, the more I write, the more I think, the more I think I understand...so things have changed!

Findings

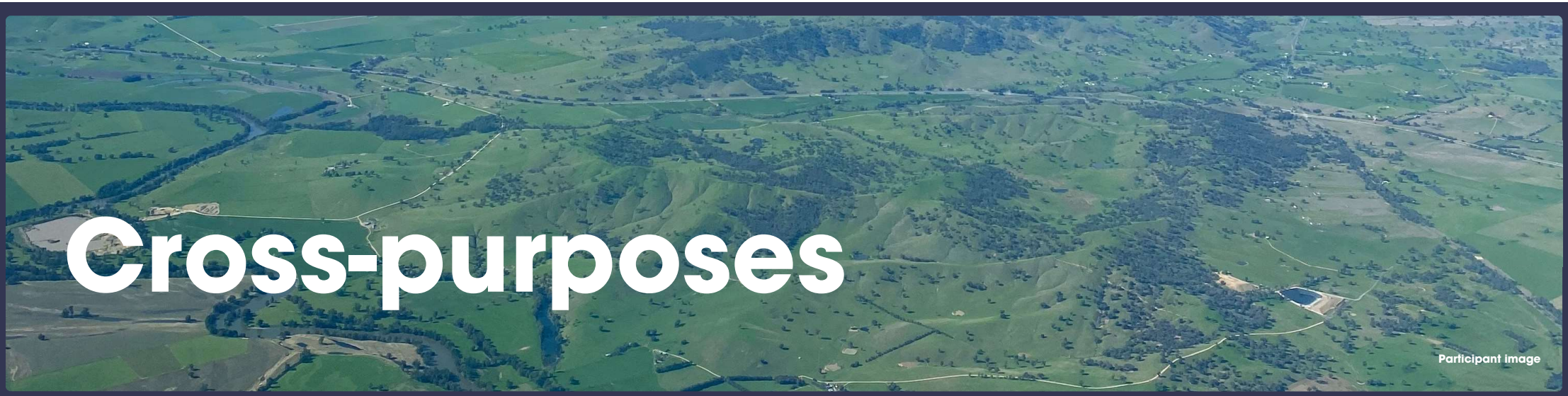


Viewing collaboration through a lens of navigating collaborative practice:

cross-purposes

arise from a range of personal, professional and situational influences

Supervisor image



Cross-purposes

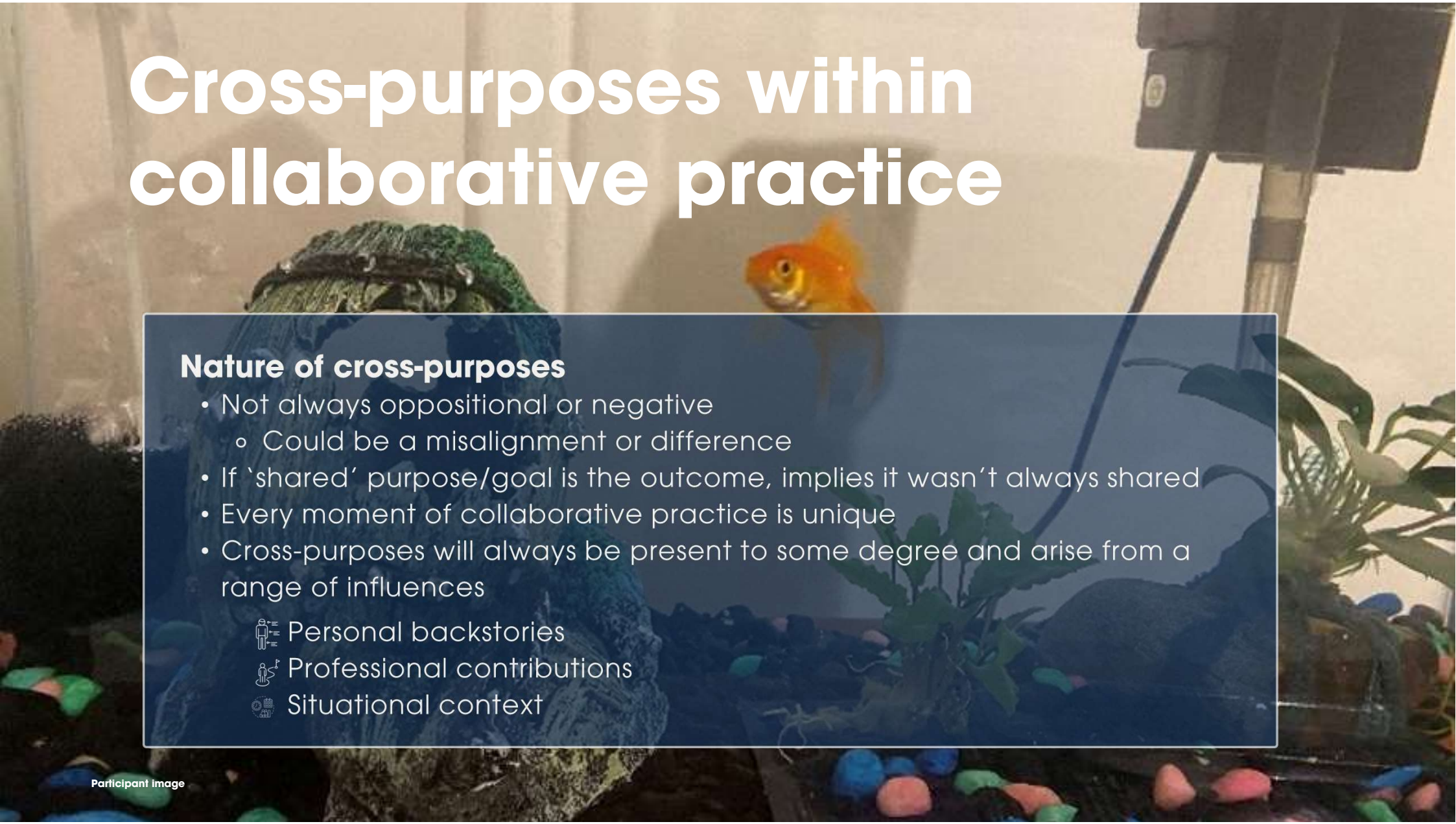
Defined

- Generally implies some sort of tension/conflict/tussle
- Potentially conflicting/tension within what could have been straightforward

‘Purpose’

- Complex and rich word
- Can relate to expectations
  - Own and others (both are important!)

Cross-purposes within collaborative practice

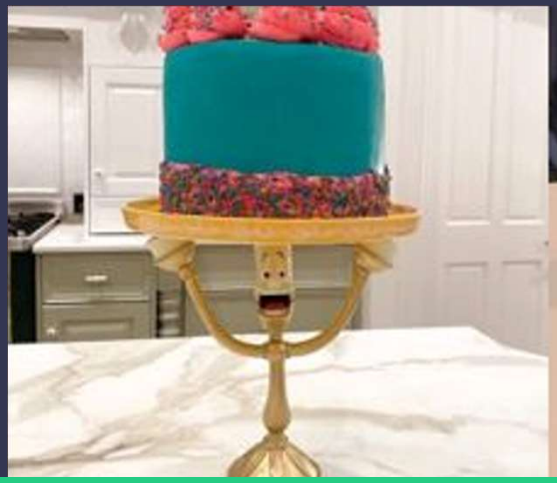


Nature of cross-purposes

- Not always oppositional or negative
  - Could be a misalignment or difference
- If 'shared' purpose/goal is the outcome, implies it wasn't always shared
- Every moment of collaborative practice is unique
- Cross-purposes will always be present to some degree and arise from a range of influences
  - Personal backstories
  - Professional contributions
  - Situational context

Participant image

Transformation of findings (sorry!)



Participant image

Cross-purposes

Negative connotation
Either / or (two discrete categories)
Limited use and "not quite right"

Misalignments

More nuanced
Better describes participants' experiences
Not one way or the other (degrees of misalignment)

Misalignments are not obstacles but part of how collaborative understanding and practice develops

Misalignments

"Getting on the same page"

- Align thinking, practice, ideas and values

Alignment implies presence of misalignments that need to be aligned in some way

Misalignments represent:

- Difference, mismatch, an out-of-syncness
- A degree of offset that needs to be worked through/in/around in order for collaboration to be realised

Participant image

Misalignments are the gold of collaborative practice

The lived experience of navigating collaborative practice is valuing and seeking alignment of myriad, mercurial misalignments

Readying the "I"

- Knowledge
- Legitimacy
- Accountability

Engaging with the "we"

- Purpose
- Ways of working
- Situational specifics

Ongoing doctoral research by Alexandra Little | Preliminary findings | Not yet published

Findings

The mercuriality of misalignments can be understood in relation to

- the extents to which they are visible
- the extents to which they are misaligned

Aligning what can be aligned
Maintaining alignment
Accepting alignment may not always be possible

Valuing and seeking alignments involves a set of capabilities


Being **aware** of


Attending to, and


Acting to align misalignments

Researcher image

Readying the 'I' - *Knowledge*

*In the beginning, I had **tunnel vision** for my own profession and focusing on what I needed to do, because **you're still learning** about what it is you actually do and you're not that confident in what you're doing. It wasn't until third or fourth year that things became **more automatic**, and I could broaden my focus to the patient's needs and to other team members' roles and how they might be involved. For example, in second year, taking a subjective history is so daunting and you're focused purely on how to word your questions and getting it right in front of your supervisor. By fourth year, history taking is automatic. You don't need to think about your questions. Your focus is on the patient, not yourself, and you can think about **collaborating with the rest of their team** and how each person and their field of expertise can help get the patient home safely.*

Participant image

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- Knew healthcare was collaborative ⟶ lacked the experience to fully practice that way
- Attention consumed by learning core clinical skills/demonstrating competence
- Created a gap between collaborative care required and what he could enact
- As skills became automatic ⟶ attend to the patient and wider team
- Experience helped him navigate this gap and bring his practice and understanding closer together

Participant image

Readying the ‘I’ - *Legitimacy*

On this placement, there was a lot of power imbalance between the volunteers and the paid workers, which there weren’t many of, because it was almost a volunteer-run service. The volunteers were an older demographic, and they'd been there for so long and they’d never met a social work student. A lot of them were really defensive of their opinions and their work. And I wasn't trying to question them, I was trying to learn. It took a while, but I tried really hard to develop a positive way of working with them. What helped were some of those basic skills that you get from having your parents chip you for not saying hello to people. It was just remembering their names and a lot of the basic stuff that I learnt as a child like just being polite and asking how people were. And I put myself in their shoes because I know what it's like from my other work to have people not value your opinion. And a lot of them had such a wealth of knowledge about the community, so I tried to work with them on what they knew when certain clients would come in. I tried really hard to build that professional trust, and letting people know that I'm going to be there for them and that they can trust me as a student.

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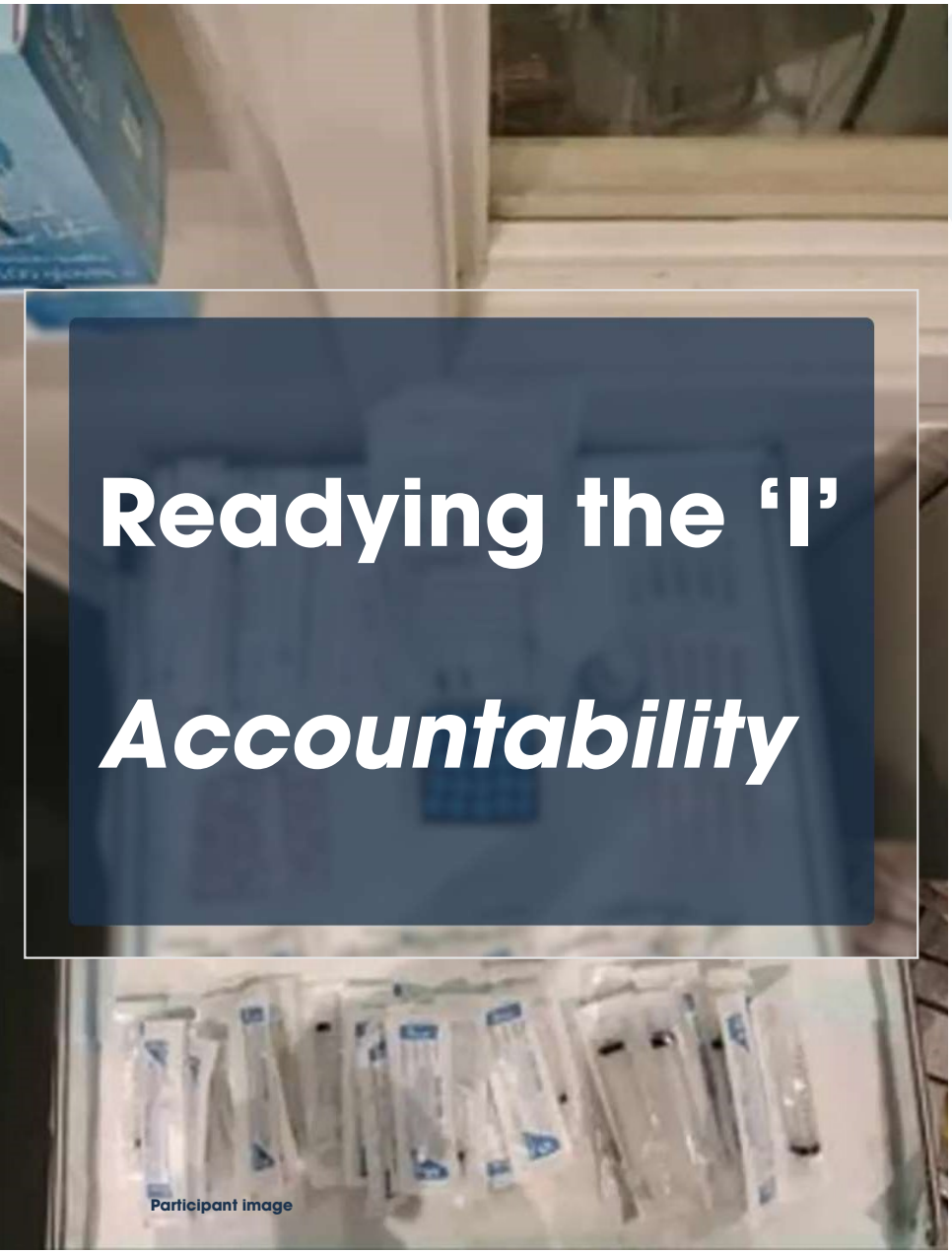
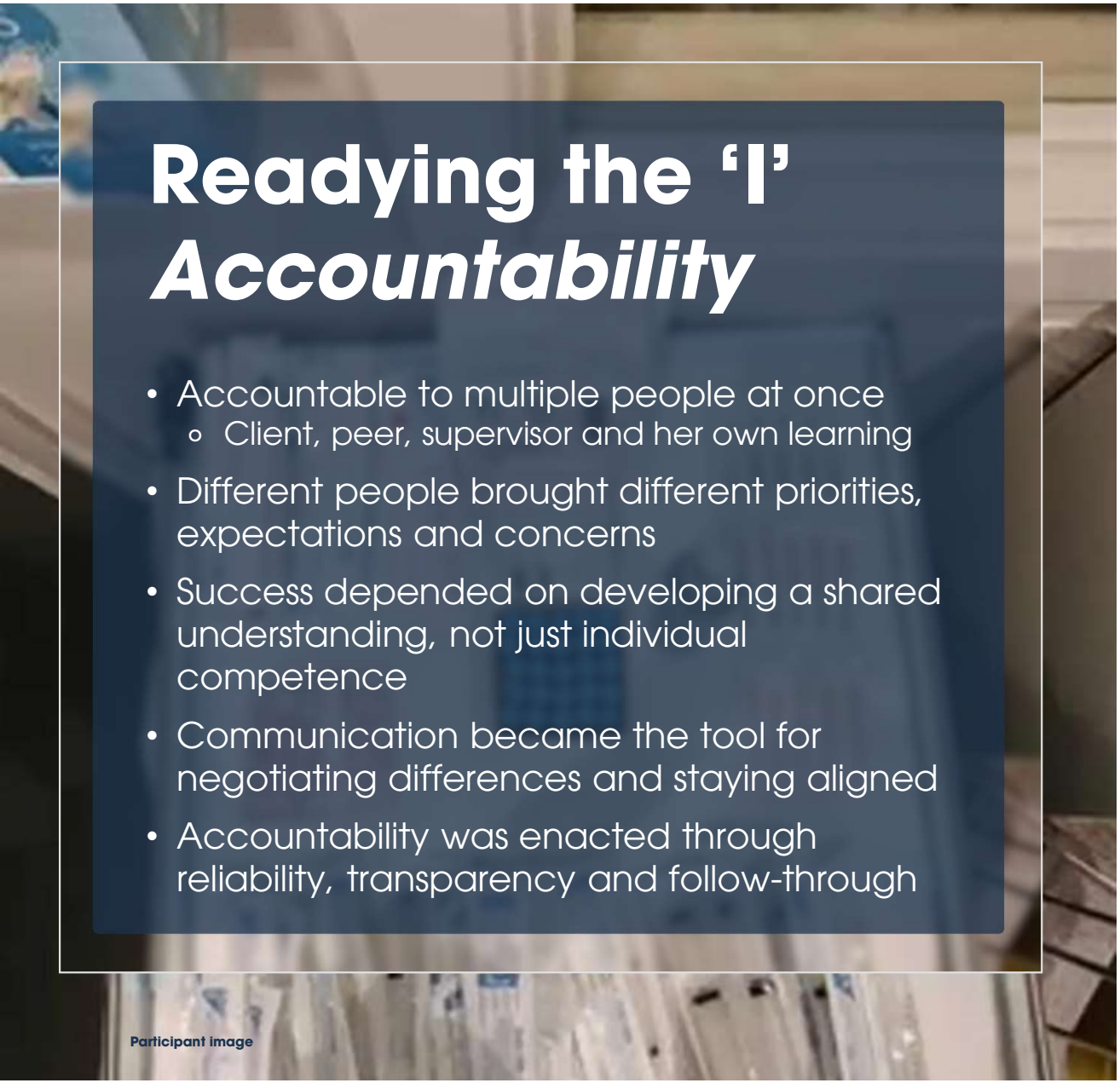
- Entered placement expecting to be recognised as a legitimate team member
- Volunteers questioned where she fitted/value she could add
- Gap emerged between her formal role and others' perceptions of her legitimacy
- Built trust through curiosity, respect, and valuing others' expertise
- Legitimacy earned through relationships, not simply through professional status

Participant image



There were two of us sharing each client on placement, and we had to discuss the goals and the plan between us and then present it as the two of us. That was the most I've ever worked one on one with another clinician, where we had to really apply our knowledge and communication to ensure that it was a success because it was dependent on us having those interactions and communication to ensure we were on the same page. It was so ‘in your pocket’ where you really can't hide anything, or promise you’ll do something and then not deliver. To benefit the client, we had to be on the same page and have chats about what we wanted out of the placement and what we both thought was best for the client.



Readying the 'I' *Accountability*

- Accountable to multiple people at once
  - Client, peer, supervisor and her own learning
- Different people brought different priorities, expectations and concerns
- Success depended on developing a shared understanding, not just individual competence
- Communication became the tool for negotiating differences and staying aligned
- Accountability was enacted through reliability, transparency and follow-through

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Engaging with the ‘we’ - Purpose

We had a really dominant student in our 2nd year group assignment whom I didn’t like. I wasn’t good at managing her personality and it was hell. She would rewrite everyone’s work if she didn’t think it was good enough and drive us really hard because her goal was a high mark to keep her GPA up. She wasn’t open to others’ ideas; she just wanted everyone to agree and get on with it. It was uncomfortable and frustrating because I wanted to have conversations and learn from each other, but I wasn’t heard. So rather than sharing my thoughts and ideas, I just stepped back and did what I was told and so did the others. I had to work with her again in 3rd year, but by then my knowledge and confidence had grown so I stood up to her when I thought her approach wasn’t the best approach, and she had learnt to listen too. In speaking up, I ended up developing an amazing rapport with her and we then chose to work together for group assignments bringing different skills and supporting each other’s strengths and weaknesses.

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- She wanted shared learning but her peer was focused on achieving a high mark
- Different purposes created tension and limited meaningful collaboration
- Withdrew initially rather than challenge the situation
- Over time, both students became more open to different perspectives
- Collaboration emerged when different purposes could be discussed, rather than imposed

Participant image

Engaging with the ‘we’ - Ways of working

Nobody knew how to pick up a mother%$&# telephone! That magical piece of equipment that we use to communicate as human beings to share information. There were departments that refused to communicate anything other than via email. Initially I was optimistic that I could help foster positive reciprocal relationships, and if I saw an email I didn’t understand, I'd call people and try and get to the bottom of it.

But after a month, people weren't taking my calls anymore, they wouldn’t even answer the phone. And these are people who need to be in contact with clinicians to schedule appointments. So, it meant back and forth emails. And you could see the misunderstanding, with lengthy replies to your email attempts to the get to the bottom of a problem. You’d just want to cry at some of these email chains - so much time wasted…days. Because it's not just the time you spend responding, it’s days of waiting for people to come back and forth.

When there’s no physical workplace, being able to call someone and convey tone and the urgency of something is the best thing you’ve got. When you're doing it via email, you just look like a little bit of a bitch. But maybe I wasn’t understanding the pressures they were under. If the employer is piling on work for clinicians, they’re absolutely piling on work for the admin team. So perhaps it’s a lot harder to pick up the phone if you have more tasks to do during the day.

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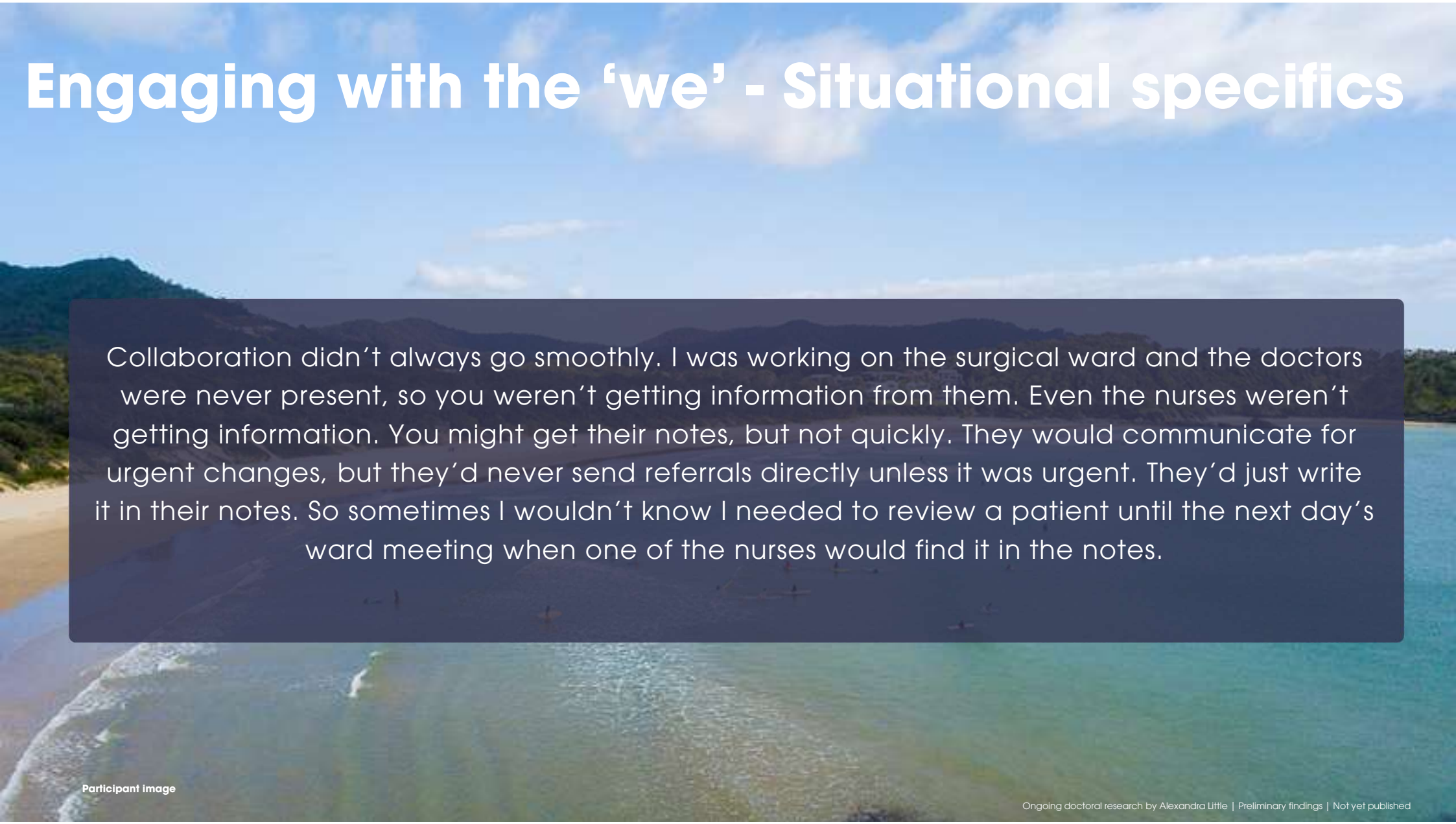
- Clinician preference for real-time communication; others relied on email
- Different communication styles created delays, frustration and misunderstanding
- Both groups were working towards the same goal ⟶ timely client care
- Initial focus was on behaviour of others
- Greater understanding of workplace pressures helped her work productively *despite* the difference

Engaging with the ‘we’ - Situational specifics



Collaboration didn’t always go smoothly. I was working on the surgical ward and the doctors were never present, so you weren’t getting information from them. Even the nurses weren’t getting information. You might get their notes, but not quickly. They would communicate for urgent changes, but they’d never send referrals directly unless it was urgent. They’d just write it in their notes. So sometimes I wouldn’t know I needed to review a patient until the next day’s ward meeting when one of the nurses would find it in the notes.

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- Professionals relied on different workflows and information pathways
- Important patient information did not always reach the right person at the right time
- Everyone was working towards patient care, but under different pressures and timelines
- Documentation enabled collaboration, while also creating separation between professions
- Effective collaboration required practitioners to adapt to the realities of the system

Configurations and capabilities

- Collaborative practice is complex, and misalignments are myriad and mercurial (within and across situations)

- Navigating misalignments involves being **aware** of, **attending** to and **acting** to
  - align the misalignments that can be aligned
  - maintain the misalignments that have been aligned
  - accept that some cannot be aligned in that moment/situation

Participant image

Configurations and capabilities

Navigating involves being **aware** of, **attending to** and **acting** to align misalignments

> *A very experienced nurse came up to me in ED in my first 2 minutes of ever being a doctor, and said, "I need Endone for the patient in bay six. Can you just prescribe that on the EMR so I can give it to them?"*

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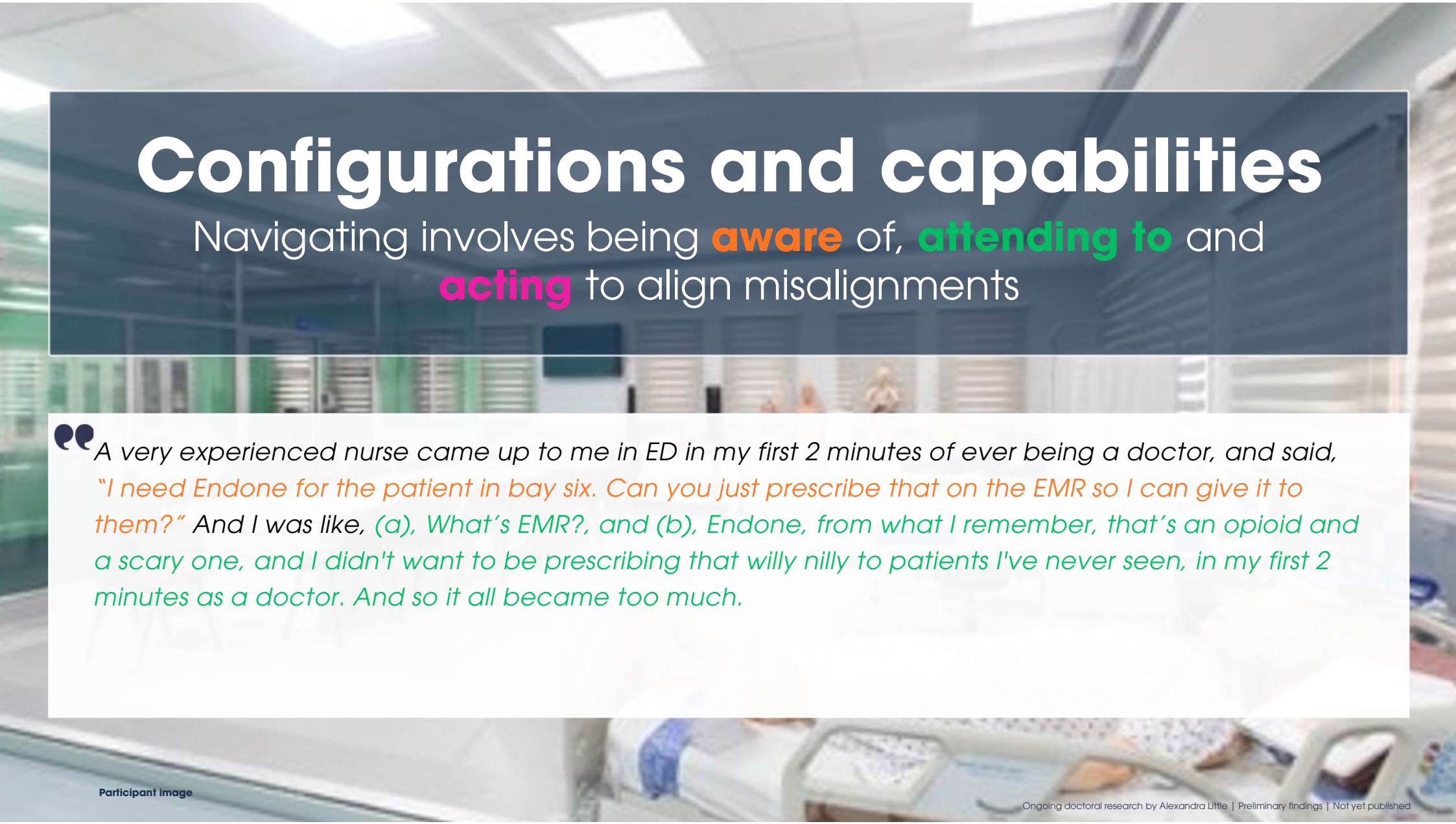

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Participant image

Multiple misalignments
- Legitimacy
- Knowledge
- Accountability

High levels of
- Awareness
- Attention
- Action

Collaborative practice as NAVIGATING misalignments

Misalignments are not failures of collaboration

- Knowledge
- Legitimacy
- Accountability
- Purpose
- Ways of working
- Situational specifics

Collaborative practice involves continually navigating and attempting to align these misalignments

Supervisor image

Why does this matter?

If we only teach collaboration as the end product...we risk presenting collaboration as

- **Stable**
- **Predictable**
- **Achievable through knowledge alone**

Need to dive below the surface

- Complexities of collaborative practice
- Tensions and misalignments exist
- Ongoing navigation required!

Misalignments become visible and teachable

Participant image

Implications for clinicians and educators

Supporting beginning practitioners to navigate collaborative practice

AWARENESS

Recognising that collaborative practice involves navigating multiple misalignments

ATTENTION

Examining the personal, professional and contextual influences shaping situations

ACTION

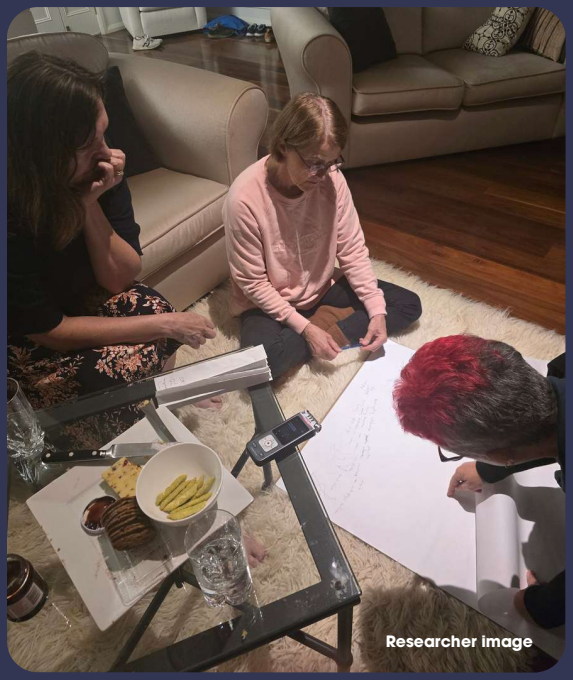
Developing strategies for responding to and navigating misalignments

Ongoing doctoral research by Alexandra Little | Preliminary findings | Not yet published

Chief navigators

Prof Leanne Brown

Dr Anne Croker



Prof Carole James

Thank you

Please get in touch if you are keen to hear more about this research!

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linkedin.com/in/alex-littleSP

Researcher image