

# Foundations of the Collaborator Role

University of Saskatchewan  
Postgraduate Medical Education  
CanMEDS eLearning Module



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# Acknowledgement

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# Module Instructions

Welcome to the Foundations e-learning module for University of Saskatchewan PGY-I Residents. This module includes a series of readings and **four activities**.

The module should take approximately **two hours** to complete:

- one hour pre-work to review the module
- one hour group discussion on the four activities, relating to specialty where applicable.

**Note:** *This module is expected to complement the PGME Quality Referral and Consult Education Program and Handover module.*

# Module Rationale

- A basic foundation of the CanMEDS Collaborator Role is crucial to the development of a competency important to effective teamwork. The knowledge, skills, and attitudes addressed by the Collaborator Role contribute to healthy professional relationships focused on delivering high quality patient care.
- The purpose of this module is to provide a self-paced independent framework to enhance your own foundational knowledge, skills, and attitudes of collaboration through **reflective practice**.
- This module will guide you through some of the foundational activities to reflect on your current understanding and practice and provide a framework in which you can develop inter-professionalism and your Collaborator role.
- The module also includes supplemental resources for further independent learning.

# Learning Objectives

After completing this module, the learner should be able to:

- Describe and explain the importance of the Collaborator Role.
- Outline good practices of collaboration.
- Explain various aspects of relationship-centered care.
- Identify possible barriers of collaboration and how to mitigate against them.
- Identify factors that contribute to conflict and steps to promote understanding.

# CanMEDS-FM Collaborator Key Competencies

Family physicians are able to:

1. Participate in a collaborative team-based model and with consulting health professionals.
2. Maintain a positive working environment with consulting health professionals, health care team members, and community agencies.
3. Engage patients or specific groups of patients and their families as active participants in their care.

# CanMEDS 2015 Collaborator Key Competencies

Physicians are able to:

1. Work effectively with physicians and other colleagues in the health care professions.
2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts.
3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care.

# What is the Collaborator Role?

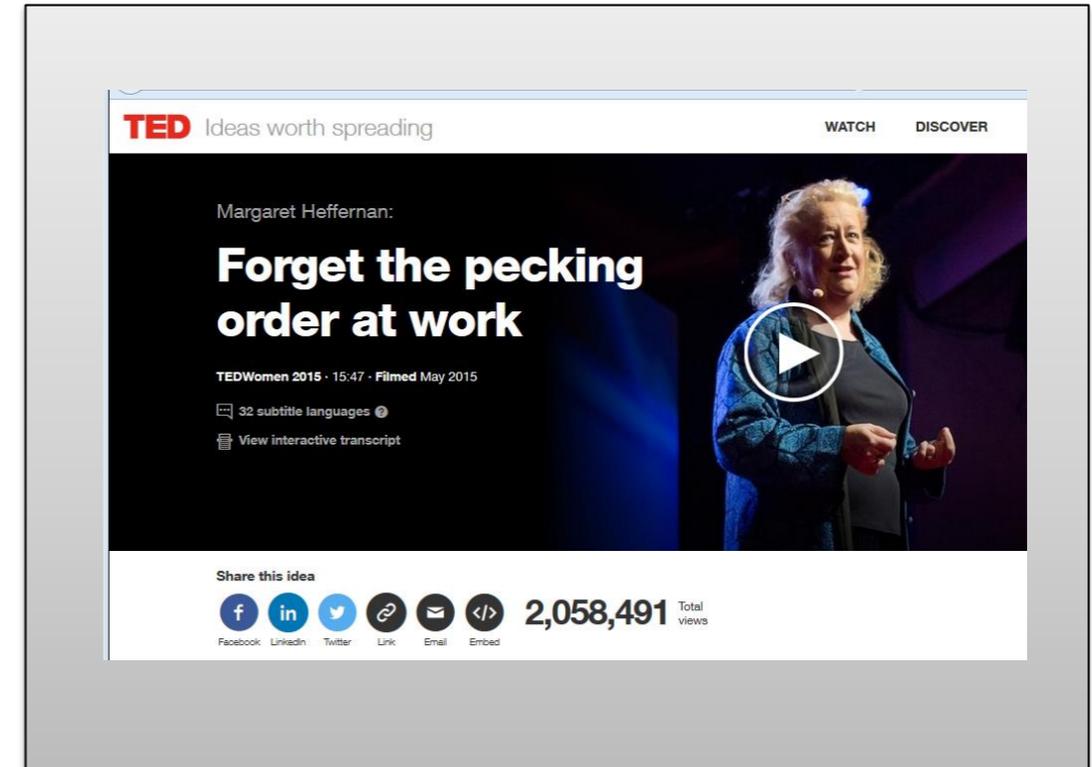
- As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centered care.

*The above definition of the Collaborator Role is taken from the CanMEDS 2015 Physician Competency Framework*



# Activity 1: Self-Reflection-why does the Collaborator Role matter?

- Consider the Collaborator Role and why is it important in the physician competency framework.
- Write a statement as to why you think the Collaborator Role is important.
- After writing your statement, listen to the TED video with Margaret Heffernan who addresses the importance of social capital to build effective teams and relationships.
- How do the concepts in this video apply to healthcare?



Click on the following link to watch the Margaret Heffernan – Health Advocate (15:47 minutes)

[https://www.ted.com/talks/margaret\\_heffernan\\_why\\_it\\_s\\_time\\_to\\_forget\\_the\\_pecking\\_order\\_at\\_work](https://www.ted.com/talks/margaret_heffernan_why_it_s_time_to_forget_the_pecking_order_at_work)

## Additional reading:

Clements D., Dault M. & Priest A. 2007. Effective Teamwork in Healthcare: Research and Reality. *HealthcarePapers*, 7(SP): 26-34. doi:10.12927/hcpap.2013.18669

Heffernan M. 2015. The secret ingredient that makes some teams better than others

<http://ideas.ted.com/the-secret-ingredient-that-makes-some-teams-better-than-others/>

# Why the Collaborator Role matters

How does your statement compare to some of the reasons listed below?

- Professionals must work together
- Collaboration improves patient care outcomes, patient safety, attitudes between practitioners, patient satisfaction, work systems, and clinical satisfaction.
- Collaboration can look and feel different depending on the context and individuals
- When collaboration is not working, there is an established process to improve it.
- Collaboration also includes learning that occurs from the service provided.

# Collaboration in Healthcare

- **In our complex healthcare system, healthcare professionals are not working alone. The hierarchy in the health care environment still grants physicians a high level of responsibility and privilege. Recognizing this privilege and the power that comes with it is an important part of learning to work with others to achieve the common goal of well-rounded health care to the patient.**
- **Collaboration is essential for safe, high-quality, patient-centered care, and involves patients and their families, physicians and other colleagues in the health care professions, community partners, and health system stakeholders.**
- **Collaboration skills are broadly applicable to activities beyond clinical care, such as administration, education, advocacy, and scholarship.**

Reference and additional reading:

- Richardson D, Calder L, Dean H, Glover Takahashi S, Lebel P, Maniate J, Martin D, Nasmith L, Newton C, Steinert Y. Collaborator. In: Frank JR, Snell L, Sherbino J, editors. *CanMEDS 2015 Physician Competency Framework* Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.

# Collaboration, Teams and Teamwork

- Teamwork is an aspect of Collaboration.

*“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments towards organizational objectives. It is the fuel that allows common people to attain uncommon results” - Andrew Carnegie.*

- Collaboration occurs in same or different locations and/or includes colleagues from different or same profession. You can be part of a team, contribute to teamwork, and collaborate with others. Interdependence is an essential element to collaboration but not for team or teamwork.

# Clarifying a misconception about Collaboration

**Collaboration IS NOT** synonymous to consensus building

## Collaboration Requires

- Relationships based in trust, respect, and shared decision-making. It includes actively sharing knowledge, perspectives, and responsibilities as well as soliciting and encouraging diverse perspectives so the best course of action can be determined. It is active, deliberate and relationship-centered. The degree of collaboration is dependent on the complexity of the situation and based on patient (not practitioner) needs.
- Understanding the roles of others, pursuing common goals and outcomes, and managing differences.

## Activity 2: Self-Reflection- what does a good collaborator look like?

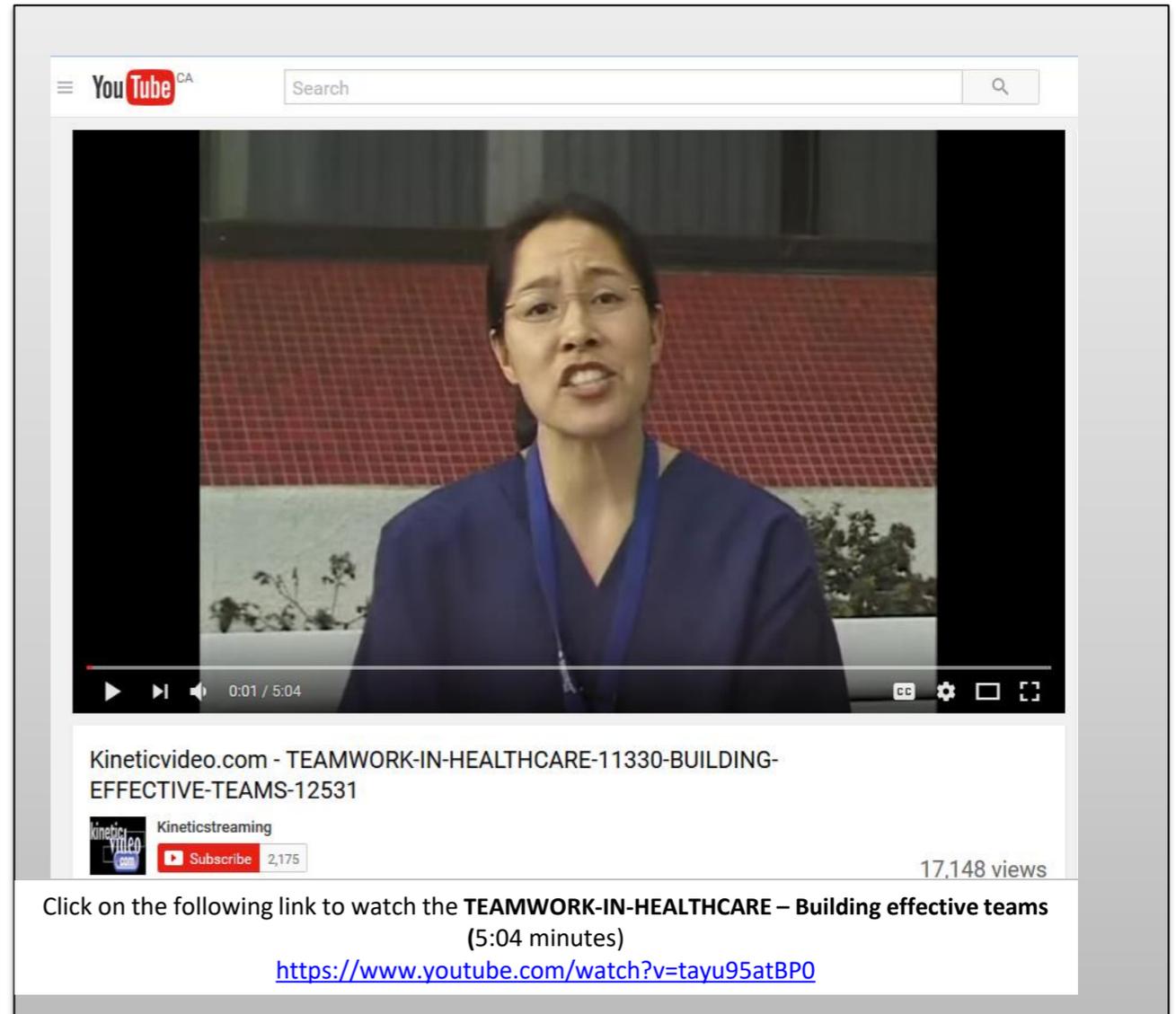
Consider the characteristics of good collaboration. Can you think of any good role models that you observed recently?

- Write down 3 to 5 key characteristics that you would use to describe good practices of collaboration.
- After writing your key points, watch the Kineticvideo video on Teamwork and note some elements of collaboration.

Additional reading:

Katzenbach JR & Smith DK. 1993/1998. The Wisdom of Teams: Creating the High-performance Organization. Boston, Mass: Harvard Business School Press. (in U of S library)

Leape L.; Shore M.; Dienstag J.; Mayer R.; Edgman-Levitan S.; Meyer G.; Healy G. 2012. Perspective: A Culture of Respect, Part 2: Creating a Culture of Respect. Academic Medicine 87(7)853-858. doi: 10.1097/ACM.0b013e3182583536



YouTube CA Search

Kineticvideo.com - TEAMWORK-IN-HEALTHCARE-11330-BUILDING-EFFECTIVE-TEAMS-12531

Kineticstreaming 2,175

17,148 views

Click on the following link to watch the **TEAMWORK-IN-HEALTHCARE – Building effective teams** (5:04 minutes)

<https://www.youtube.com/watch?v=tayu95atBP0>

# Good Collaborators

Compare your list of good practices of collaboration to the following:

- make efforts to build relationships
- assume others have good intentions
- respect others time, expertise and contributions
- elicit input, actively seeking differences of opinions
- reframe problems to find common ground
- are genuinely curious about others' perspectives
- authentically ask questions to clarify and promote understanding

# Good Collaborators cont'd.

- are receptive to feedback
- recognize their own limitations and blind spots
- are good listeners and good Collaborators
- transfer and share relevant information in an effective way
- aren't afraid to ask for help and always look for ways to be helpful

## **Additional reading:**

Katzenbach JR & Smith DK. 1993/1998. *The Wisdom of Teams: Creating the High-performance Organization*. Boston, Mass: Harvard Business School Press. (in U of S library)

Leape L.; Shore M.; Dienstag J.; Mayer R.; Edgman-Levitan S.; Meyer G.; Healy G. 2012. Perspective: A Culture of Respect, Part 2: Creating a Culture of Respect. *Academic Medicine* 87(7)853-85 doi: 10.1097/ACM.0b013e3182583536

# Relationship-centered care

- Relationship-centered care is “an approach that recognizes the importance and uniqueness of each health care participant’s relationship with each other and considers these relationships to be central in supporting high-quality care, high-quality work environment, and superior organizational performance.”<sup>1</sup>
- Relationship-centered care is built on 4 related principles:<sup>2</sup>
  - Relationships in health care ought to include dimensions of personhood as well as roles.
  - Affect and emotion are important components of relationships in health care
  - All health care relationships occur in the context of reciprocal influence.
  - Relationship-centered care has a moral foundation.

Reference:

<sup>1</sup> Safran DG, Miller W, & Beckman H. 2006. Organizational dimensions of relationship-centered care. Theory, evidence, and practice. *J Gen Intern Med* 21 Suppl 1:S9-15.

<sup>2</sup> Beach MC, Inui T, & the Relationship-centered Care Research Network. 2006. Relationship-centered care. A constructive reframing. *J Gen Intern Med* 21 Suppl 1:S3-8. doi: 10.1111/j.1525-1497.2006.00302.x

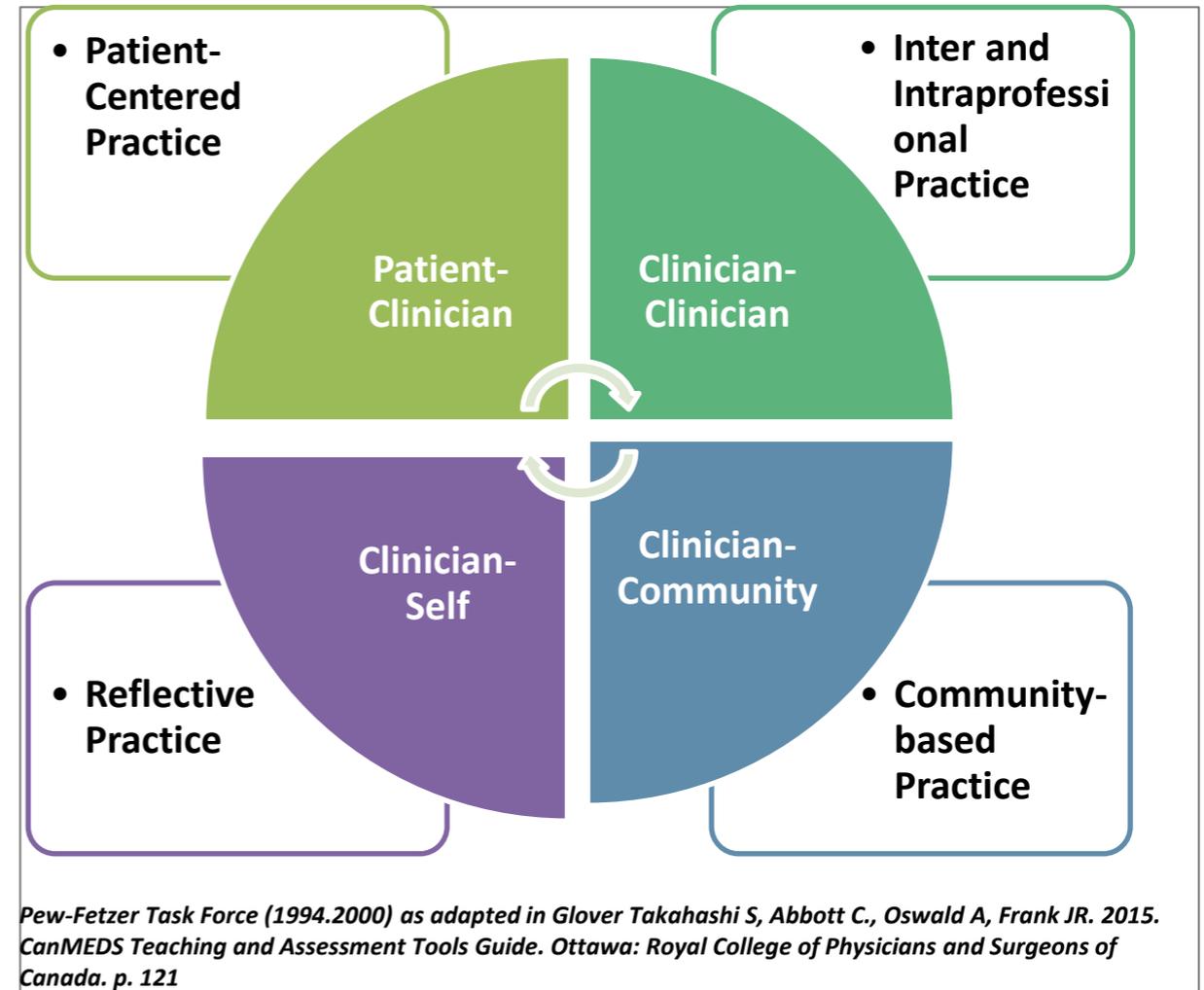
# Relationship-centered care

## Four domains of relationship-centered care approach

Patient-centered care is integral and remains of primary importance in the process of care within an organization; but there is a need to recognize the other three domains: with other clinicians, with the community, and with themselves.<sup>2</sup>

*Tresolini CP & Pew-Fetzer Task Force. (1994/2000). Health professions education and relationship-centered care: Report of the Pew-Fetzer Task Force on advancing psychosocial education. San Francisco, CA: Pew Health Professions Commission. Accessed at*

<http://www.rccswmi.org/uploads/PewFetzerRCCreport.pdf>



# Inter- and intra-professional Collaboration

Effective inter- and intra-professional collaboration:

- Promotes the active participation of each discipline in patient care, where all disciplines are working together and fully engaging patients and those who support them, and leadership on the team adapts based on patient needs. Enhances patient- and family-centered goals and values, provides mechanisms for continuous communication among caregivers, and optimizes participation in clinical decision-making within and across disciplines. It fosters respect for the disciplinary contributions of all professionals.
- **Reference**
- Lessons from the Field: Promising Interprofessional Collaboration Practices. 2015. White Paper, The Robert Wood Johnson Foundation, [rwjf.org](http://rwjf.org).

# Enablers of Collaboration

- Mutual respect
- Shared commitment to improving care
- Role clarity/Understanding of roles
- Perception of quality of patient care
- Health care provider relationships
- Effective communication
- Role awareness
- Professional and personal development
- Inter-practitioner trust
- Equitable power relations
- Sense of belonging/ownership
- Professional ethics
- Inclusive/shared language use

Registered Nurses' Association of Ontario (2013). *Developing and Sustaining Interprofessional Health Care: Optimizing patients/clients, organizational, and system outcomes*. Toronto, Canada: Registered Nurses' Association of Ontario.

## Activity 3: Identify Collaborators in your Discipline

Answer the following questions:

- List regular collaborators in your discipline.
- List 2 roles/responsibilities each of two other healthcare providers related to your discipline
- Identify 2 possible barriers to effective collaboration with healthcare providers in your discipline. How can you mitigate/have you successfully mitigated against these barriers?

# What happens when collaboration isn't going well?

- Were your good intentions ever misunderstood?

*Complex health care systems + emotions + stress + differences in goals, experiences, personalities, responsibilities, and roles*



*Higher chance of being misunderstood*

It is important to have a repertoire of strategies to identify, deconstruct, and manage challenging situations.

# The PRIME Model

Helps identify sources and factors related to misunderstanding or conflict

- **P**ersonal, professional, and patient differences – Different histories or experiences that influence ideas, perspectives, beliefs, values,
- **R**ole confusion – Ambiguity about roles, responsibilities
- **I**nformational Deficiencies – Lack of correct, clear, adequate, information
- **M**ethods – Differences in approaches; ineffective methods
- **E**nvironmental Stress – Stresses or uncertainty concerning organizational structures or changes to work environment

Reference: Richardson D. & Wagner S. 2013. Collaborative Teams, Module 2, Educating health professionals in interprofessional care course (ehpicTM), Module 2 - University of Toronto

# 5 Step Process to promote understanding

## 1. Identify the need for a conversation

- » Encourage the expression of concerns

## 2. Actively listen

- » Listen to understand different opinions and perspectives.

## 3. Acknowledge others' points of view

- » Summarize understanding before sharing your view point
- » Share all relevant information that is important to the situation

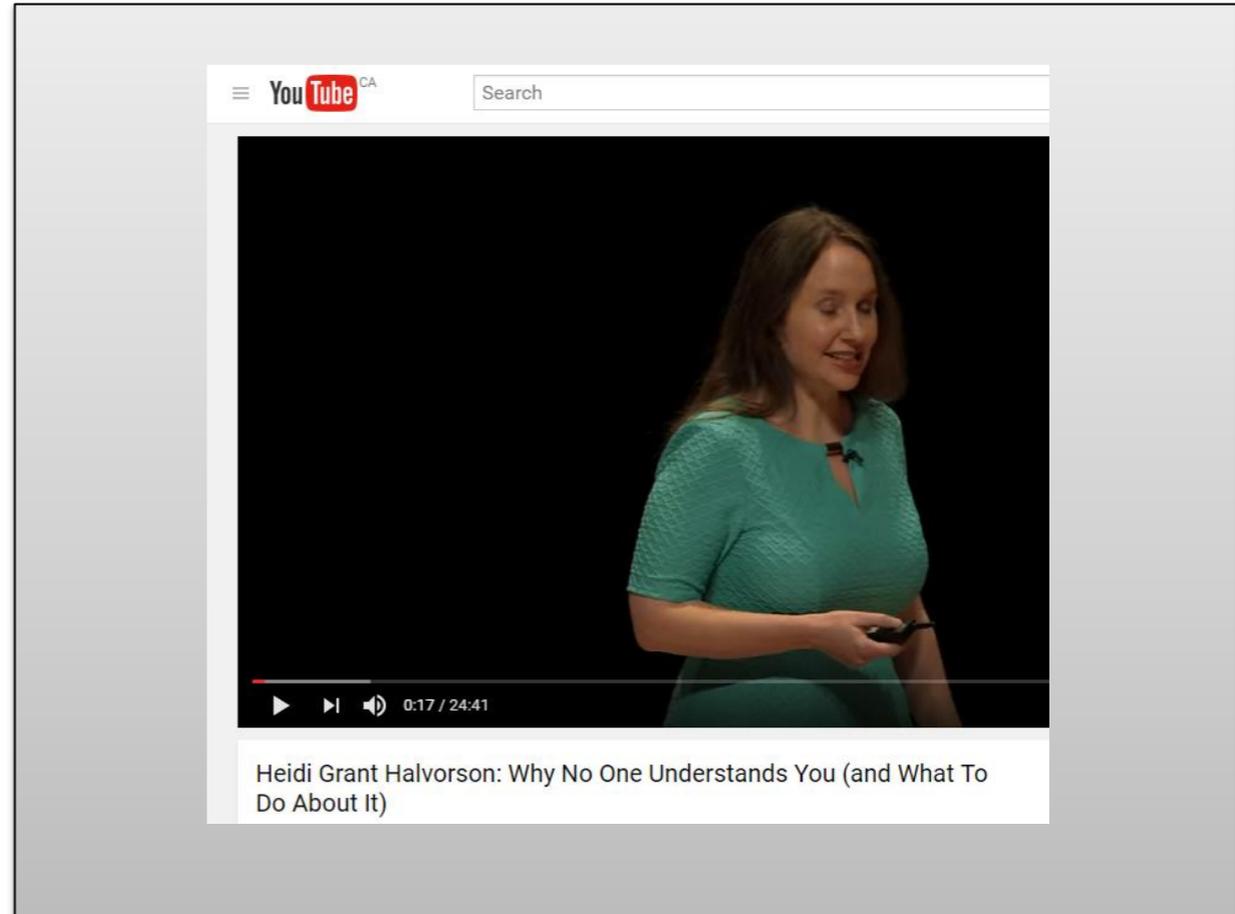
## 4. Seek common ground

## 5. Reach agreement on next steps

- » Clarify process and time for move-forward plan

## Activity 4: Self-Reflection- PRIME Factors and suggested steps to promote understanding

- Think about a time where your intentions or meaning was misunderstood, or you were involved in/witnessed conflict
- Apply the PRIME Model and suggested 5 step process to help identify sources and factors related to misunderstanding/understanding or conflict (see worksheet T4).



Optional: Click on the following link to watch the **Heidi Grant Halvorson: Why No One Understands You (and What To Do About It)** (24:41 minutes)

<https://www.youtube.com/watch?v=owORxKqX0nU>

# Conclusion

In conclusion, as you work in your discipline,  
you will encounter day-to-day

scenarios and activities from which you will develop your  
Collaboration competencies and profile.

Share your reflections with your Program Director, co-residents, academic  
advisor, mentor, or rotation supervisor.



# References

- Richardson D, Calder L, Dean H, Glover Takahashi S, Lebel P, Maniate J, Martin D, Nasmith L, Newton C, Steinert Y. Collaborator. In: Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.
- The Collaborator Intelligence (CI) framework described here outlines the domains for the learning and teaching of the Collaborator Role and is different than the organizational focus of the Collaborative Intelligence described by J. Richard Hackman, 2011.
- AHRQ. Patient Safety Network. Patient Safety Primers – Handovers and signouts. <http://psnet.ahrq.gov/primer.aspx?primerID=9>
- CMPA Risk Fact Sheet- Patient handovers- A1300-004-E © CMPA 2013. [https://www.cmpa-acpm.ca/documents/10179/300031190/patient\\_handovers-e.pdf](https://www.cmpa-acpm.ca/documents/10179/300031190/patient_handovers-e.pdf)
- Richardson D, Wagner S. Collaborative Teams, Module 2, Educating health professionals in interprofessional care course (ehpic™), Module 2 - University of Toronto, 2013.
- Thomas KW. Conflict and conflict management: Reflections and update. *J of Organ Behav.* 1992;13(3): 265-74.
- Shell, GR. Teaching Ideas: Bargaining Styles and Negotiation: The Thomas Kilmann Conflict Mode Instrument in Negotiation Training. *Negotiation J.* 2001;17(2):155-74.