



Collaborative
Pairs Australia

A Consumers Health Forum Partnership

Supported by



Safer Care Victoria Collaborative Pairs Program

INVITATION TO APPLY

OCTOBER 2019

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SECTION 1 : INFORMATION ABOUT THE PROGRAM

Collaborative Pairs is a Leadership Development program, developed by the King's Fund in the UK which brings together a consumer, patient or community leader to work together in partnership with a service provider, clinician or manager to develop new ways of working together.

The program assists health professionals (clinicians and managers) and patients and consumer leaders to build productive collaborative relationships, exploring how different roles and perspectives can be a constructive force for change.

More information on this program can be found [here](#).

Who is it for?

This program has been designed for pairs from SCV and partner organisations delivering health services to work together on a shared challenge. One half of the pair will be a patient or consumer leader and the other half a clinician or manager (a clinical or service provider leader), both wanting to explore new ways of working together.

You will work as a pair for the duration of the program, building your skills in collaborative practice through working on a shared healthcare challenge. This program will focus on the relationship and the factors that contribute to effective collaborative practice. The healthcare challenge will be the vehicle for reflection and analysis.

This program will be beneficial to consumers and health service providers who want to make a difference in their local health service systems, enhance their leadership skills, build effective partnerships and develop new and innovative ways of working.

The Program

The program is delivered over five one-day workshops spaced with minimum four-week intervals. Each pair will be required to bring a healthcare challenge or project to work on over the duration of the program.

The project or challenge must align with one of the five domains from Safer Care Victoria's 'Partnering in Healthcare: a framework for better care and outcomes

The approach is one of "learning through doing." During the program each pair will have the opportunity to participate in two coaching sessions with the facilitators to put their knowledge into practice. The content of the program will cover the following topics:

- Developing relationships across the health system with people who might have different perspectives and priorities
- Developing the tools and practices to handle difficult conversations
- Developing the tools and techniques to effectively communicate your message across the health system
- Understanding the power dynamic in collaborative practice and how to shift it to become more equal
- Effectively managing the political context
- Understanding your personal leadership and conflict resolution styles
- Building a support network to develop your partnerships in the workplace

The program involves reflection and analysis, input from facilitators and experiential and interactive exercises. It has been designed to be flexible and responsive participant needs.

The program includes a diary for self-reflection for each person, digital program materials, two coaching sessions for each pair in between workshop sessions, and morning/afternoon tea/lunch on all workshop days.

Facilitators



Louisa Walsh



Dr. Chi Li

Louisa is a physiotherapist, lecturer, researcher, and a person with cystic fibrosis who had a double lung transplant in 2010. She is an experienced consumer representative and advocate in the cystic fibrosis and transplant communities, and has worked with both Cystic Fibrosis Victoria and the Heart and Lung Transplant Trust of Victoria in governance positions. She currently works for the Centre for Health Communication and Participation at La Trobe University, and is undertaking a PhD looking at how social media can be used to facilitate consumer engagement in hospital service design and quality improvement.

Chi is a palliative care physician who has worked in a range of inpatient, outpatient and community healthcare settings across Melbourne and country Victoria. He is actively involved in undergraduate and postgraduate education, supervision and mentoring, as well as service development, consumer engagement and advocacy through a number of organisations.

Louisa and Chi have known each other for many years, first meeting when Chi was a junior doctor and Louisa was an inpatient on the respiratory ward at The Alfred Hospital. Their collaborative work started on a project to explore the experience of patients and families living with advanced lung diseases, both before and after transplantation. This project led to the creation of an integrated lung transplant palliative care clinic, which aims to improve the quality of life of lung transplant candidates, recipients and carers. They have continued to grow their working relationship through their experience as Collaborative Pairs Australia program facilitators.

Louisa and Chi strongly believe that patients and carers are an essential part of the health care team, and that greater inclusion of consumer voices and expertise is vital to addressing problems in health services and systems. Louisa and Chi are committed to promoting consumer leadership in healthcare design, delivery and reform. Their history of collaboration, their experience as educators and leaders, and their enthusiasm to learn, grow and share their skills, make them ideal Collaborative Pairs program facilitators. They have recently delivered two successful Collaborative Pairs programs at NorthWestern Melbourne PHN and can't wait to share Collaborative Pairs with Safer Care Victoria.

Session Times

- SESSION 1:** Thursday, December 12, 2019
- SESSION 2:** Thursday, January 23, 2020
- SESSION 3:** Thursday, March 5, 2020
- SESSION 4:** Thursday, April 16, 2020
- SESSION 5:** Thursday, May 28, 2020

All sessions run from 9:30am to 4:30 pm, and will be held in a Melbourne CBD Location.

SECTION 2: HOW TO APPLY?

We seek interested, enthusiastic consumers and health service providers who want to build effective partnerships, improve their collaborative practice and leadership skills and influence change.

One application per pair must be jointly provided (ie a consumer and clinician) and will need to address the following selection criteria:

- What do you understand by “collaborative practice” and why is collaborative practice important to you both?
- Why have you chosen to work with each other? Can you provide a brief overview of both your individual and shared work/lived experience (if appropriate) that is relevant to undertaking this program?
- Which of the five domains and/or suggested priorities from [Safer Care Victoria's Partnering in healthcare framework](#) does the project/challenge align with?
- How will your participation in this program benefit your organisation and the community?

Applications also need to be supported by two referees.

**Please complete the [Online application form](#)
by COB Monday 18 November 2019.**

Enquiries

Jennie Parham

0421 050 401

jennie@jennieparhamconsulting.com.au

Belinda MacLeod- Smith

03 9096 5484

Belinda.Macleod-smith@safercare.vic.gov.au

SECTION 3: FREQUENTLY ASKED QUESTIONS AND EVIDENCE

How much time will I need to commit to be part of this program?

Attendance is required at all five full day workshop sessions. These are scheduled with at least 4 weeks in between. This is designed to enable you to apply the skills and knowledge you are learning as part of the program.

It is imperative that you attend the whole day so please organise travel to align with the commencement and finishing times of the workshop sessions. As a pair, you will also have the opportunity to participate in two 90-minute coaching sessions with the facilitators (to be negotiated at a time of mutual convenience). This will be done by teleconference, skype, zoom or similar.

In terms of the amount of work in between sessions:

- The amount of time per pair will vary and will be based on the type of project you are working on and the

stage you're at with your project. At a minimum we suggest you try to catch up every week - it doesn't have to be long, it's a check-in (approximately 30 min)

- If you meet to work on your healthcare challenge as a pair, you can include your general catch-up in that meeting. This face-to-face catch-up is also an opportunity to observe each other and communicate differently. You can try out and explore further some of the conversations and tools you will be provided with in the program
- This program enables you to position and explore a healthcare challenge of interest to you both from a relational perspective and important to Safer Care Victoria.

What will be covered in the program?

You will participate in the program as a pair and will work on a healthcare challenge/project of interest to you both and that your organisation, community or health system is facing. This project/challenge must align with one of the five domains and/or suggested priorities from [*Partnering in Healthcare: a framework for better care and outcomes*](#)

You will be provided with support and feedback at a number of different levels including access to a peer network to stimulate your thinking and support you through the Collaborative Pairs process and your shared challenge. You will be provided with frameworks and a practice ground to reflect on how you are working collaboratively on your challenge or project.

Input from facilitators and external speakers will help you to think about what a new relationship between health care professionals, consumers and communities could look like.

The content of the program will be based on the needs of the participants. It could include, but is not limited to:

- knowledge and skills of dialogic communication and other models to support collaborative and partnership working
- skills associated with holding critical conversations
- developing influencing and negotiating skills
- framing powerful questions
- managing difficult behaviour and conflict management
- political intelligence and stakeholder relationships
- understanding the health context.

The content will be negotiated with the participants and be responsive to the needs of the group.

How will the Collaborative Pairs Program improve outcomes for the project or healthcare challenge?

This program will focus on the relationship and the factors that contribute to effective collaborative practice. As such, the challenge or project will be the vehicle for reflection and analysis. It is important when thinking about the shared challenge, to think about an area that you are both passionate about improving or making a difference in, that will lead to better health outcomes. It needs to be aligned to one of the domains of Safer Care Victoria's Partnering with Health Care Framework. The project enables you to have something tangible to work on together that helps you

- think about how well you are working together
- practice some new skills and apply new knowledge
- think about ways you can improve your working relationship
- be more self aware of your own personal style and how that impacts on the working relationship

Collaborative Pairs will give you time, space, motivation and tools to help you work more effectively on your project or challenge. The type, size and stage of project, and the amount of time you can commit to it between sessions, will determine how far you can progress your project during the time you are involved Collaborative Pairs.

What are some examples of typical “pairs”? What if I am not a service provider or a consumer, would I still meet the criteria?

Examples of the type of pairs that have been involved in Collaborative Pairs or could be as part of this program include:

- a health professional (GP, nurse, allied health) and a consumer
- a consumer leader with a clinician or a clinical director of a clinical commissioning group
- a senior clinical team member and a consumer working in a specialist team
- an SCV staff member and a community /consumer advocate

Participants must work in pairs on this program as it is about building collaborative relationships.

One half of the pair needs their experience to be mainly about the nature and type of health services delivered. For example, a:

- clinician, manager or director of clinical services
- SCV staff member involved in quality improvement or developing policy in relation to service provision or clinical governance

The other half of the pair needs to have a patient or community perspective of the health system. For example, a:

- patient
- consumer
- carer
- community advocate
- community elder

[*Patients as Partners*](#) booklet prepared by the Kings Fund is a great resource as it documents the learnings from the early programs delivered in the UK. It also gives examples of the pairs who have completed the program and the work challenges they have focused on.

Do we need to have experience working together as a pair to take part in the program?

It is not essential that you have worked together to apply for the program. However, it is helpful if you know each other and you have a joint work challenge that you are interested in working on. The program is about building “real time” relationships and so a level of understanding

and mutual interest will be helpful to gain the most benefit from the program.

It is also helpful if pairs take the time to meet before they write and submit their application, and use this time to share their areas of interest and negotiate a mutually agreed and beneficial project or challenge to work on.

How will I benefit from the Program?

There are benefits at two levels: for yourself as an individual and as a pair. This unique program allows you to discover and learn about yourself in the context of working together.

As an individual, you will:

- Discover your personal leadership style
- Become more aware of your own communication and conflict resolution style
- Learn how to influence and build constructive relationships
- Learn new ways of working and thinking

As a pair, together you will:

- Build a productive, collaborative relationship with a partner from your system
- Develop the skillset, communication practices and confidence to work collaboratively
- Learn in a practical and supportive environment to make progress on a real-time challenge for your organisation
- Join a peer community and work with other consumer leaders and health care professionals to explore your own leadership role and contribution.

What is the evidence base and principles underpinning the Program?

The evidence base on which the program has been developed indicates that when consumers are involved, decisions are better, health and health outcomes improve, and resources are allocated more efficiently. The evidence is summarised well in the King’s Fund 2014 publication **“People in control of their own health and care”**.

The paper makes a clear distinction between the critical role for patients being involved in their own care – self leadership – and the role of patients working with other leaders (e.g. clinical, managerial, community) to engage in leadership tasks such as visioning, governance, strategic planning, decision making and service redesign. Whilst these two roles share some of the same capabilities, there are also some different implications for how health organisations will need to work with patients and citizens to fulfil these different roles.

In 2013 The King’s Fund began exploring the concept of consumer leadership with a view to understanding how they could support its growth and development within the health system. It became apparent that consumer leadership requires a whole-of-system approach which

goes beyond a deficit-based approach of simply building the capacity of consumers and citizens as leaders to one that supports **culture change and a new relational paradigm** for consumers and health care professionals. In the current context the **role of consumer leaders needs to be reconceptualised** to include improving health and wellbeing in the community and /or improving health and social care services.

This is achieved through consumers working with others to influence decision-making. Two broad categories of consumer leaders have been identified within this new paradigm: System influencers (ie those seeking to influence health and social care design and delivery) and community enablers (ie those seeking to promote health and wellbeing in the community). In order to achieve the cultural change required for transformational change in the health system, health organisations need to embed consumer leadership at all levels: policy, planning, service delivery, research, governance and quality improvement. The underlying principle of the program, based on the evidence is that **consumers, managers and service providers are all equal in an effective health system**.