



FREQUENTLY ASKED QUESTIONS

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

Attendance is required at all 5 full day sessions. These are scheduled - about 4-5 weeks apart. This is designed to help you to put into practice, skills and knowledge you are learning as part of the program.

In terms of the amount of work in between sessions:

- We suggest you 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 work 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 should be enabling you to work on a work challenge of interest to you both. Ideally, it's something that you would be working together on irrespective of the program. Time spent on this will be based on the questions and challenge you are exploring.

2. *What will be covered in the program?*

You will be participating in the program as a pair to work on a challenge that your organisation, community or system is facing. You will have space for support and challenge at a number of different levels including access to a peer network to stimulate your thinking and provide feedback. You will have space to develop practical solutions for your shared challenge as well as reflecting on how you are working collaboratively to achieve this.

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 and there will be an opportunity to capture learning from your experience and feed this into national thinking.

The content of the program will be based on the needs of the participants. It could include:

- 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
- 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.

Participants will also have an opportunity to practice Action Learning and Peer Consulting as models for developing effective partnerships. Methods such as Appreciative Inquiry, Open Space and World Cafe will also be practised and their pros and cons explored.

3. ***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* in the UK include:

- a health professional (GP, nurse, allied health) and a patient;
- a local community leader and a clinical director of a clinical commissioning group;
- a director of services and policy for a local charity with a clinical trial services manager
- a board member of a special needs centre and a lead therapist
- a local community organisation director and a chief pharmacist.

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

One half of the 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,
- PHN staff member involved in commissioning clinical services or developing policy in relation to service provision or clinical governance,
- rehabilitation providers.

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
- a key staff person in a community organisation wanting to partner with health

Staff working in PHNs could qualify for the program but which half the pair they would fulfill would depend on their role in the PHN. For example, any staff member whose main role is to do with commissioning of clinical services, service models or clinical governance would be the clinical half of

the pair. A staff member whose role is mainly consumer or community focused, such as Consumer or Community Engagement, could be the consumer half of the pair.

[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.

4. *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.

5. *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

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.