"Pas de trois" or Dancing in Unison:

A Collaborative Research Partnership between a Performance Organization, Commercial Entity, and Academia

Abstract

AUTHORS:
- Suzanne MURRAY, President, AXDEV Group, Montreal, QC
- Dave DAVIS, Professor, Health Policy and Management and Evaluation, Family & Community Medicine, University of Toronto, Toronto, ON
- Philippe HEBERT, Vice-President Marketing & Sales, Merck Frosst Canada, Kirkland, QC
- Dilip PATEL, Director, Health Education, Merck Frosst Canada, Kirkland, QC
- Sean HAYES, Vice-President, Performance Optimization Solutions, AXDEV Group, QC

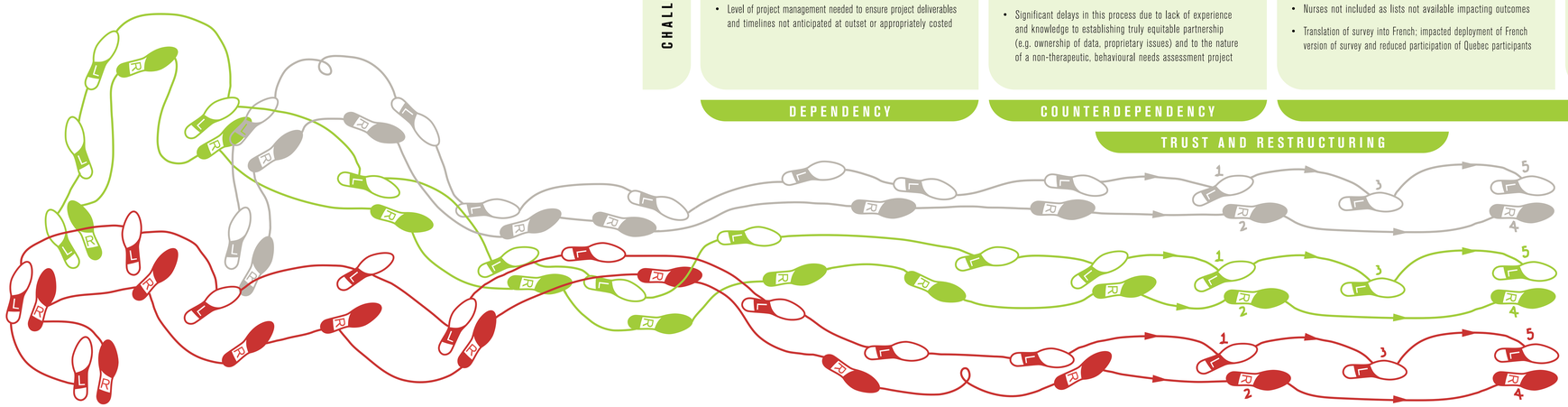
PURPOSE: A performance organization, a commercial entity, and a university united to assess group practice healthcare professionals' challenges that prevent optimal clinical performance. The formalized collaborative initiative forged a new model for a truly equitable partnership in CPD research.

METHODS: The partners mapped out an unbiased approach that reflected the five-phases of effective group functioning: dependency, counterdependency, trust and restructuring, productivity, and termination (Wheelan, 2005; Yalom, 1995). In particular, a structured and explicit 3-way agreement was outlined at the outset so that each institution transparently identified its respective agendas and outcomes, and moved to create a unified equable vision for the research.

RESULTS: Each organization brought to the collaborative partnership its own culture of processes and expectations as to what constituted a truly equitable collaboration. Many of these expectations had to be appropriately challenged. Transparent and systematic communication regarding the collaborative processes – decision-making, accountability, defined roles and responsibilities, legal and ethical boundaries – were paramount to the success of the "Pas de trois" partnership model.

CONCLUSION: The five phases of a truly equitable collaboration are often ignored to the peril of the outcomes of the project. By following these phases, and harnessing the collective intelligence of all partners, the authors increased the value of the research through the principle of the "Gestalt", while maintaining respect for ethical practices and research rigour.

	Project Framework	Legal/Ethical	Design	Analysis	Deployment
	• Targeted outcomes • Specific research objectives • Agreed final deliverables • Expectation management	• Development of a legal contract to establish a truly equitable partnership (e.g. ownership of data, proprietary issues) • Understanding of the scope and intent of project • Clarity of roles and responsibilities for all partners • Protection of all partners legally	• Review of literature and environmental scan • Develop methodology • Create qualitative and quantitative instruments • Translation of research instruments • IRB approval • Recruitment of participants	• Analysis of qualitative and quantitative data • Collaborative multidisciplinary analysis process	• Project outcomes • Publications and sharing data with critical stakeholders in healthcare • Use of data and tools internally for each partner
SUCCESSES	• Unique opportunity for each partner to work together on a research project which was non disease/product related and was aligned with primary care environmental changes in the country • Direct and open discussion leading to an understanding of the explicit and implicit outcomes for each partner • All partners demonstrated flexibility to make it a true partnership • Marked growth of all partners towards a collective agreement on research outcomes • Enhanced knowledge and understanding of healthcare across country	• Involving legal support from the beginning. Ensuring the scope and intent of project was understood • Legal support of each organization were able to speak in common language and with comprehensive understanding of the project • It was more efficient and effective to come to decision / resolution by having all partners and legal members on phone versus e-mail communications or sending legal documents • Having clear roles and responsibilities discussed and agreed to in details / specifics made it easier to execute decisions (greatly facilitated responsibility for success of project deliverables and any project delays)	• Opportunity to leverage each respective organization's areas of specialty and value to project e.g. University's network and resources for outstanding literature review, industry's knowledge and "in the field" contacts with healthcare providers across Canada, performance company's expertise and experience in behavioral design and in project management • Partners participated equally in all aspects of design framework and were willing to work together collectively and equably in the production • Bimonthly project management partner meetings particularly during the height of the design phase greatly facilitated communication and interaction between partners • Marked growth on part of all partners towards a collective agreement on research outcomes that were build to enhance knowledge and understanding of all partners • Strength of mixed-method design	• Identification of additional opportunities for executing more research • Identification of methods to share key research information with other traditional and non traditional stakeholders for their benefit / learnings • Multidisciplinary interpretation • Emergence of the five phases of effective group functioning (Wheelan, 2005; Yalom, 1995)	• Credibility: external customers were surprised that a company was interested in learning non disease / non product needs of healthcare professionals • Risk sharing
CHALLENGES	• Relative experience of the partners in developing a research framework • Preconceived notions of expectations/requirements/outcomes of each partner • Time required to finalize framework and initiate research work • Level of project management needed to ensure project deliverables and timelines not anticipated at outset or appropriately costed	• University legal department not used to contracts that are collaborative in nature. Typically contracts are customer-supplier or non collaborative clinical research in nature • This was also a new type of contract for industry versus other work done i.e. between two external stakeholders and industry with equal decision making abilities • Significant delays in this process due to lack of experience and knowledge to establishing truly equitable partnership (e.g. ownership of data, proprietary issues) and to the nature of a non-therapeutic, behavioural needs assessment project	• Relative experience/expertise of the partners • Differing expectations as to data to collect • Deployment of a national online survey to a large enough representative sample. Required reanalysis of purchasing appropriate lists of participants • Nurses not included as lists not available impacting outcomes • Translation of survey into French; impacted deployment of French version of survey and reduced participation of Quebec participants	• Relative experience/expertise of the partners • Depth of analysis required/desired differed between partners • Analysis of all qualitative information was done by one partner consisting of multidisciplinary team (due to confidentiality requirements) • Resource limitations to effectively analyze data in appropriate timelines	• Technical difficulties with online national survey • Quantitative information was not representative of population of healthcare professionals from all provinces (e.g lack of healthcare providers from Quebec) • Changes in membership or resources of primary partners made it difficult to complete some aspects of the project in timely manner
	DEPENDENCY	COUNTERDEPENDENCY	PRODUCTIVITY		TERMINATION
		TRUST AND RESTRUCTURING			



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