COLLABORATION

Making Differences Work

"People who work together will win." This succinct principle of collaboration—stated and applied with evident success by football teams. Research shows that people who collaborate learn faster, solve problems more effectively, and innovate more often than those who work in isolation. Yet many organizations continue to let differences between personalities, units, and cultures create stalemates and silos.

The very differences that can damage a business can also add exceptional value—but only if those differences are made explicit and their energy is harnessed to create productive partnerships. CFAR helps clients leverage the positive energy of differences to resolve conflict, improve teamwork, access the best thinking available across multiple points of view, and achieve sustainable business results.

The CFAR Difference

CFAR works with clients in a three-phase process that applies to teams, units, or inter-organizational alliances:

Phase 1: Assessment and Goals

In this phase, CFAR analyzes the important differences across the organization in light of its strategic commitments, culture, and business objectives. We review existing information—organization charts, meeting agendas, incentive systems, and other materials—and consult with key stakeholders about their particular interests and points of view. Assessment tools include structured interviews, focus groups, and surveys. The result is a precise diagnosis of what is getting in the way of productive collaboration, based on a thorough understanding of interests and priorities across the organization. Drawing on this diagnosis, CFAR helps the client explore possible interventions to strengthen collaboration and identify goals for the final outcome. Ultimately, the assessment phase answers the questions: "What is getting in the way of the collaboration this organization needs in order to achieve its business goals, and what can we do about it?"

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Phase 2: Structures for Collaboration

In this phase, CFAR identifies new possibilities for collaboration. We propose and test organizational designs, governance structures, and team practices that take advantage of complementary differences and shared interests. We also teach influence and negotiation skills that people need in order to make the most of their collaborative efforts. We involve the important stakeholders who must weigh in on potential options. At the end of this phase, our clients have two equally important results: agreements about what new structures, practices, and behaviors will be in place to support collaboration, and a "social contract" among the players who must work together to achieve the intended results.

Phase 3: Implementation

In the final phase, CFAR helps the client integrate the new structures and practices, building them into meeting agendas, decision-making processes, and other activities. We start with a "test period" that allows participants to try out and learn from new behaviors and finalize agreements on incentives and policies. We help the client take stock of changes, and make needed adjustments over time.

1 ASSESSMENT AND GOALS

- Identify performance drivers for collaboration
- Engage key stakeholders
- Identify differences, interests, and priorities

RESULTS
- Precise problem definition
- Intervention options and goals

2 STRUCTURES FOR COLLABORATION

- Develop new organizational structures
- Build new team practices
- Develop negotiation and influence skills

RESULTS
- Agreements on structures and skills to improve performance
- A lasting social contract among stakeholders

3 IMPLEMENTATION

- Integrate new structures into organizational practice
- Test and learn from new behaviors

RESULTS
- A new structure to support collaboration
- Lasting relationships to support collaboration
- Finalized agreements on practices and organization
- Methods to adjust to change

Case Studies

TIGHTENING RESIDENT/ NURSE PRACTITIONER TEAMWORK

Responding to new workweek limits for residents, the surgery department of an academic medical center hired a number of nurse practitioners. The new teams improved workflow and enriched residents' education. But differences in economics, professional roots, status, and gender created confusion and conflict about the work process, compromising patient care, safety, and satisfaction. CFAR recommended new roles and responsibilities and helped the department implement interdisciplinary rounding and other practices to ensure consistent patient plans. After piloting the new practices in three surgery units, the department became eligible for additional funds for recruitment from the hospital's risk-reduction initiative.

"WHO'S ON FIRST?" DECISION-MAKING FOR PERFORMANCE IMPROVEMENT

A pharmaceutical research executive felt that his people needed to "step up." Drug development teams were stalled in endless meetings filled with disagreements over who had authority to make key decisions about resources and timing, preventing the company from realizing its primary objective of improved speed to market. CFAR analyzed the teams' decision-making patterns, providing a clear picture of the log-jams that prevented efficient decision-making. Team members were able to clearly see who was "on the hook" for what in language that reflected shared goals. Accountability was clarified, and the executive had hard data to guide the team's critical drug development efforts going forward.

NEGOTIATING A CONSOLIDATION

Members of a large medical association formed two independent groups to develop policies for a new scanning technology: one focused on the technology's research potential, while the other addressed regulation. The association could not support both groups and was concerned about their potentially weakening effect on the association's ability to influence industry policy for the technology, including pricing. Asked to help the two groups merge and accept association sponsorship, CFAR helped the groups see the fundamental alignment between their interests. The groups merged, allowing the association to clarify uses for the technology and set standards for reimbursement.