

# NEGOTIATION OF PRIMARY CARE WITH AN INTERPROFESSIONAL TEAM

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Erin Wilson PhD(c), NP(F)

Doctoral candidate UNBC Health Sciences

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- Employee of NH and UNBC
- Supervisor Dr. Martha MacLeod and Committee members Dr. David Snadden and Dr. Neil Hanlon
- Participants in this research

# Objectives

- Discuss initial observations and findings
- “If you don’t contradict yourself on a regular basis, then you’re not thinking” Malcolm Gladwell

# Research Questions

1. How do patients feel “known” or unknown by providers?
2. How are therapeutic relationships between patients and providers established, nurtured and maintained over time?
3. How do patients negotiate care from more than one provider?

# Why practices?

- Practices are “...activities repeatedly performed over time” (Kesselring et al 2010)
- “Habits measure us” Mary Oliver
- Routine can provide “...the knots you hold on to when you’ve run out of rope” Anne Lamott

What  
HERMENEUTIC  
CIRCLE

WILSON  
2013

### MACRO-LEVEL INFLUENCES

• SOCIAL WORLD  
• HISTORY + TRADITION

→ HEALTH SYSTEM INFLUENCES

- MEASUREMENT
- EFFICIENCY
- EVIDENCE
- SPECIALIZATION + CLASSIFICATION

UNIT OF ANALYSIS



### MICRO-LEVEL INFLUENCES

• LANGUAGE + CONVERSATION  
• IDENTITY  
• SYSTEMS OF RELEVANCES

# Initial Findings

- Role function and clarity
  - “When you don’t have clearly defined roles and what the team is going to deliver that sets off alarm bells.”
  - When we don’t know roles we put patients in jeopardy.”
- Change fatigue and moral distress
  - “Putting out fires.”
  - “Open the floodgates.”
  - “Survival mode.”
- Capacity and Responsiveness
  - “The existing caseload is massive.”
  - “There’s so many people that we don’t know.”



# Initial Findings

- Team
  - Individual and collective: identities, competence
- Models
- Pt role
  - “I’m the glue”
- When to involve the team ....



*"Sometimes I think the collaborative process  
would work better without you."*

# Initial Findings

- Trust and Power
  - “If my patient falls through the cracks whose fault is it?”
  - Opportunities
  - Natural vs Intentional Leadership
- Unarticulated work
  - Value of “inefficient” practices
  - Defining health for “teetering” populations
- Information transfer
  - Continuity
  - What gets written down



# Cover / Uncover

- What are you doing in your everyday practice that is getting covered up?
- What would be useful for me to be attuned to in the data as I begin analysis?

# Thank you!

Erin.Wilson@unbc.ca



@NPInBC