



COLLABORATION: THE GOOD AND THE BAD

Most of us in the United Kingdom are tired of discussing Brexit. It seems as though our parliament cannot come up with a consensus and a way forward. Why has Brexit happened in the first place? In my opinion, much probably has to do with the lack of collaboration between involved parties. Only through communication, mutual respect, and understanding could they possibly come up with a way forward. Before you yawn and fall asleep, please know that this editorial is not about politics, but about collaboration—mainly its value and some of its pitfalls.

What does it mean to collaborate? The general dictionary definition reads, “A cooperative arrangement in which two or more parties (which may or may not have any previous relationship) work jointly towards a common goal.” Personally, I think a slightly better definition might be, “The action of working with a person or a group of people to produce or create something.” The operative word in this definition is *create*.

Collaboration is necessary to attain a mutual goal. Consider how powerful collaboration can be when there is no conflict, only a common interest to attain a major goal. Working with the ophthalmic industry has been enlightening for me; it has provided an education about the process of innovation. In particular, I have seen the phenomenal benefit of assembling a group of very talented and knowledgeable experts to come up with a result that far exceeds an initial concept. I experienced this when working with Bausch + Lomb to develop the transepithelial PRK option soon available on the company's Technolas Teneo excimer laser.

The process of collaboration broadly involves communicating, sharing knowledge from different perspectives, appraising options, and making a decision. Collaboration applies to many areas of our work and

practice as ophthalmologists. It takes place often in our day-to-day workplace, where different personnel work together to achieve a common goal. This may occur at the clinical level, for instance with the OR team, to achieve a mutual goal such as improving surgical throughput. Introduction of a new procedure may also require collaboration across the organization's administrative and clinical teams, as they deal with various aspects from marketing, to answering calls and scheduling patients, to practice pathways, and all the way to surgery.

Collaboration is not without its troubles, however. Leaders may have to make the uncomfortable move out of the hierarchy and to the same level as others. All participants must deservedly be heard, but this can lead to long, multiple meetings that may not produce a unanimous decision. Do all decisions have to be made by consensus? Answering these kinds of questions is when you, as a leader, might have to encourage everyone involved to agree to disagree but still support a decision.

Sadly, this is unlikely to happen in British politics, and it looks like we could all be tortured by the antics of our parliament and government for some time to come. ■

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