Learning through obstacles in an interprofessional team meeting: A discursive analysis of a systemic contradiction

Jenny Ros & Michèle Grossen

University of Applied Sciences and Arts Western Switzerland, Faculty of Social Work (HETSL | HES-SO) and University of Lausanne, Faculty of Social and Political Sciences
Switzerland

Abstract

Drawing both on cultural-historical activity theory and on a dialogical approach to discourse, this article expands a method of analysis developed by Engeström & Sannino (2011) to capture discursive manifestations of contradictions in an activity system. The data consist of recorded meetings of an interprofessional team working with persons living with both a mental handicap and psychiatric disorders. The mission of this team is to coordinate socio-educative and psychiatric work. A sequence taken from one of these meetings was submitted to a step-by-step discourse analysis, and examined how the participants negotiated and managed the obstacles met with in their daily work. The analysis showed how an initial obstacle presented as a conflict was gradually turned into a critical conflict and finally into a dilemma between two rules: professional confidentiality and transparency towards the patient. It revealed how the participants collectively coped with this dilemma, and came to define it as a problem related to work organisation, and not only to interpersonal relationships. The study shows the importance of discourse processes in collaborative work and in fostering professional learning. It focuses upon discourse processes through which team members deal with obstacles in their daily work and provides a fine-grained analysis of systemic contradictions.

Keywords: *cultural-historical activity theory, dialogism, team meeting, interprofessional collaboration, mental health care,*

Introduction

Interprofessional collaboration, whether within an interprofessional team or between different teams, is a major challenge in most workplaces and so is it in healthcare settings. Team meetings which gather various practitioners involved in the care of a patient are one of the most widespread institutional devices to achieve work articulation and ensure that "the staff's collective efforts add up to more than discrete and conflicting bits of accomplished work" (Strauss, Fagerhaugh, Suczek & Wiener,1985, p. 151). At stake is the way in which the team members achieve this articulation work, that is, how they build a relationship and talk together. In other words, the quality of their talk should enable them to deal with the obstacles they face in their daily work and to gain "relational agency" (Edwards, 2010), that is: "recognising how others interpret and react to problems and aligning one's own interpretations and responses to theirs, to produce enriched understandings and practices" (p. 2).

Drawing on an interactionist and sociocultural approach to teamwork, more specifically on Cultural-Historical Activity Theory, the study presented in this article aimed at examining how the discursive dynamics of team meetings contribute to professional learning. To achieve this goal, we analysed team meetings by resorting to a method of analysis developed by Engeström and Sannino (2011) and expanded it, firstly, by adapting it to the specificity of the data; secondly, by using a dialogical approach to discourse that demonstrated how, in the course of their discussion, the team members identified obstacles (difficulties, doubts, questions, etc.) and made sense of them.

In the next sections, we first briefly introduce a few trends that have been particularly influential in the study of teamwork, and then present Cultural-Historical Activity Theory applied to the analysis of teamwork; secondly we present our study and the data analysed in this article, that is, weekly meetings of an interprofessional team working in the field of

mental handicap and psychiatry in Switzerland; finally, we analyse a sequence taken from a weekly team meeting to illustrate the discursive dynamics through which the team members identified and defined an obstacle met in their work and how the obstacle became an opportunity for learning.

An interactionist and sociocultural approach to teamwork

The interactionist and sociocultural approach to teamwork is a vast research field with many different trends that, beyond their specificities, all focus on the interactional dynamics at play in teamwork. Let us, for example, mention situated cognition, which puts emphasis on teamwork as a cultural, relational and collective practice achieved through the workers' participation in a community of practice (Lave & Wenger, 1991; Wenger, 1998) and the action of material objects (typically technology) that are used to achieve a certain work (Engeström & Middleton, 1996). Within interactionist sociology, Trajectory Theory of Chronic Illness Management (Corbin, 1998) shows the importance of the work articulation that teams have to carry out in order to ensure the quality of care and to reach a form of "collective intelligence" (Grosjean & Lacoste, 1999). Studies carried out along discursive psychology (Radley & Billig 1996), Conversation Analysis (Mondada, 2011; Pekarek Doehler, Bangerter & de Weck, 2017), and Discursive Dialogical Analysis (Hall, Slembrouck, & Sarangi, 2006; Linell, 2009) have shown, among other things, how professionals categorise their patients and how these categorisations orientate their actions. Other trends have emphasised the conditions in which teamwork provokes professional learning (Ludvigsen, Lund, Rasmussen, & Säljo, 2011). For example, in France, the trend called "clinic of activity" (Clot 2009; Clot & Kostulski 2011) has developed various methods of intervention, such as self-confrontation (Kloetzer, Clot & Quillerou-Grivot, 2015) in order "to develop [the workers'] individual and collective experience, in order to develop the work itself and to turn it into a renewed resource for thinking and acting." (Clot & Kostulski, 2011,

p. 683). Research carried out in Cultural-Historical Activity Theory (hereafter CHAT) has the same objective but from a different perspective. These two trends, together with dialogical discourse analysis as a methodological tool (e.g., Bournel-Bosson & Grossen, 2018; dos Santos Mamed, Grossen & Cauderey, 2020; Grossen, 2015; Hjörne & Säljö, 2014; Mäkitalo, 2012) constitute the theoretical background on which we draw to analyze how an interprofessional team manage an obstacle met in their daily work.

Cultural-Historical Activity Theory and teamwork

Drawing on Marxism and considering that in a capitalist system, there is a primary contradiction between exchange value and use value, CHAT (e.g., Daniels & Warmington, 2007; Edwards, 2005; Engeström, 1987) defines work as an activity system. As a complex mediation structure, an activity system is a unit of analysis consisting of six interdependent poles and made of systemic contradictions between these poles or between several interdependent systems of activity. The subject is the person or the group leading the activity, for example, a participant in a team meeting. The object of activity is defined as the "raw material" that orientates the activity by giving it its meaning, for example, a patient. The tools or artefacts are the mediations between the subject and the object, for example the nosographic tools used to diagnose the patient's case. The community includes different groups and individuals sharing the same general aim, whereas the division of labour concerns the sharing of the tasks within the community. Finally, the rules, for example, professional confidentiality, orientate action and interactions.

Assuming that systemic contradictions are inherent in human work, work analysis examines how workers face obstacles in their daily work, find solutions adapted to the specificity of the situation, and, in doing so, transform their systems of activity. Systemic contradictions lead individuals to build new modalities of activity, or to "learn something that is not yet there" (Engeström & Sannino, 2010, p. 2). Inspired by the concept of zone of

proximal development (Vygotsky, 1934/2012), the notion of "expansive learning" (Daniels & Warmington, 2009; Engeström, 2008) refers to a form of collective learning which occurs when contradictions are solved. Expansive learning leads to a change in the object of activity and may also bring about new types of knowledge, and a reconfiguration of professional identities and work division. It may be considered as a form of professional learning leading workers to take an active position and gain agency (Edwards, 2005).

Methodological issues

As systemic contradictions are not directly observable, methods for uncovering them had to be developed. Drawing on linguistic cues, Engeström and Sannino (2011) identified four types of discursive manifestations: conflicts, which appear when one or more individuals perceive divergences or interferences between their action and the action of other individuals; critical conflicts, which are aggravated forms of conflict putting the individual who expresses it in a situation of paralysis or internal doubts; dilemmas, that is, situations in which the actors have to settle a moral problem or choose between different solutions all considered to be unsatisfactory; double and binds, referring to situations in which the individual receives two contradictory messages, with no possibility of metacommunicating on this contradiction.

This method raises two main comments. Firstly, it has been used in the context of an organisational change intervention (Engeström & Sannino, 2011) which was conducted at the request of a large system of activity facing important difficulties, and lasted for a long period (two to three years). We may then wonder whether the method can be used to analyse ordinary team meetings. Secondly, and more importantly, the method does not fully account for the discursive processes through which the workers define what constitutes, in their view, an obstacle, and develop solutions to bypass or solve these obstacles. Indeed, team members may have different views of what "really matters" in their work (Edwards & Daniels, 2012; Edwards & Mackenzie, 2005), hence of what counts as an obstacle. Thus, "expansive

learning" (or, in more general terms, professional learning) is not a necessary consequence of team meetings.

Under these circumstances, our study aimed firstly at looking whether this method can be applied to identify obstacles in regular team meetings, secondly at analysing the discursive processes through which the participants identified obstacles, negotiated their meanings and elaborated a solution leading to professional learning. Two research questions guided our analysis: (1) How do the team members identify and negotiate the meanings of the obstacles under discussion? (2) How do they face them, and what the work kindprofessional learning does their discussion bring about?

Presentation of the study

This study is part of a larger research project (Ros, 2015) carried out in the French-speaking part of Switzerland. It consisted of an extensive field study conducted in a multidisciplinary team, the Team for Interprofessional Collaboration (TIC), working in a public service whose main mission was to support and facilitate collaboration between socio-educational homes and psychiatric institutions specialised in the care for persons with intellectual disabilities and psychiatric disorders. As an ambulatory team, the team made interventions in various socio-educational homes and psychiatric institutions. At the time of the study, it was composed of twelve practitioners (five men and seven women): two educators, three nurses, three psychologists, four psychiatrists, including the team head.

Data

The data consisted of twenty-two videorecorded team meetings, which were collected by the first author through non-participatory observations (21 recorded hours), and fully transcribed. These meetings took place every Monday between 8:30 and 9:30 AM and gathered all the team members. Their main goal was to discuss new follow-up of patients, difficulties met with patients or other teams, and to ask for support, advice or information.

The data were collected with the participants' informed consent after acceptance by the Cantonal Ethics Committee. All names (teams, institutions and persons) are pseudonyms. No particular instruction was given to the team members, except that our goal was to access their usual way of working together.

Method of analysis

To answer this question, two preliminary steps were required. First, we selected topics that were recurrent and followed topical trajectories (Linell, 2009), that is, the introduction, development, and fading out or abandonig of a topic. These topics were: hospitalisations (e.g., when a patient has been recently hospitalised in a psychiatric institution and the TIC has not been informed), new requests (e.g., a team member presents a request for an intervention addressed by a socio-educational institution), and clinical cases (e.g., a team member faces a complicated follow-up). This selection resulted in a subcorpus of fifty-four sequences. Second, we applied Engeström and Sannino's method to this subcorpus. This required an extension of the number and types of indicators of obstacles. Altogether these indicators were: (a) non-verbal and para-verbal indicators: laughter; stressing certain words or speaking louder ("we should MENTION to Vivian that…"); hesitation markers ("erm", "of of of"); stretching of a syllable ("it's:::"); (b) turn-taking organisation, such as self-interruptions or overlaps; (c) opposition markers, ("but", "whereas"); (d) comments on the situation brought into discussion ("it's a bit delicate"); (e) questions about the procedure to be followed ("should we tell her"); (f) thematic contents referring to difficulties, e.g. the impossibility of completing a certain action ("I'm sort of troubled in this situation"); (g) stylistic devices such as metaphors ("we risk putting an atomic bomb"). These obstacles were then categorised in the four types of discursive manifestations described above (conflict, critical conflict, dilemma, double bind), allowing us to access their underlying systemic contradictions. One sequence might of course contain more than one type of discursive manifestations.

After these preliminary steps, we carried out a dialogical discourse analysis of the fifty-four sequences (Grossen & Salazar Orvig, 2011; Grossen, Zittoun & Ros, 2012; Linell, 2009; Marková, Linell, Grossen & Salazar Orvig, 2007). The procedure focused on the circulation of discourse between the participants. More specifically, we examined how a given obstacle was introduced by a participant and how it was taken up and reformulated by the other participants. These various formulations showed how the meaning of this obstacle was negotiated. Each of them was considered as a step in the discursive dynamics of the discussion.
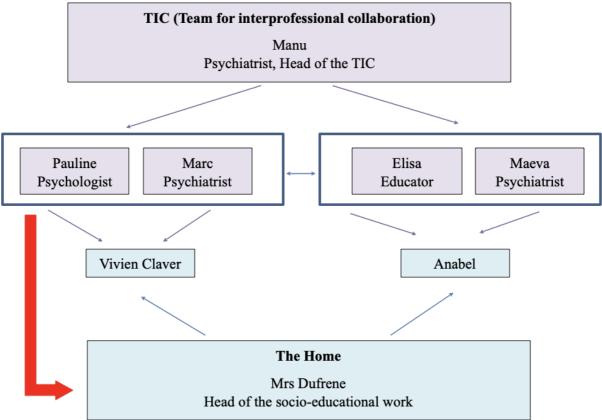
The next section presents the analysis of one of these sequences. This sequence has been chosen, first, because it dealt with a dilemma concerning information management, which is typical in teamwork; second, because it illustrates a case of discursive dynamics leading to some form of professional learning.

Dealing with obstacles through discursive dynamics: an illustration of a step-by-step dialogical discourse analysis

The selected sequence (original version in French, see appendix 2) lasts sixteen minutes and is taken from a meeting gathering six practitioners: a psychologist Pauline (pseudonym beginning by P), two educators (Elisa and Eloi), three psychiatrists (Maeva and Marc) comprising the team head (Manu). They are talking about Mr. Claver, a man with an intellectual disability living in a socio-educational home (hereinafter called the Home), whose head of socio-educational work is Ms. Dufrene. Mr. Claver is cared for by Pauline and Marc and, as will be soon understood, he is the boyfriend of another patient, Anabel, followed by two other members of the team, Elisa and Maeva, a fact that Pauline and Marc ignored. Figure 1 provides a summary of the positions and relations of the participants involved in the situation.

Figure 1

Positions and relationships between the patients (Vivien and Anabel) and the members of the two teams

Note: visual representation of Vivian and Anabel's positions and relations in the described situation.

The sequence could be divided into eight steps. Step 1 corresponds to the introduction of an obstacle, Steps 2-7 to the elaboration of this initial obstacle, Step 8 to the solving of the obstacle. Each step is named after the way in which the participants dealt with the four types of discursive manifestations. In the following excerpts, indicators of obstacles are in italics.

Step 1: Introducing a conflict

The initial obstacle is introduced by Pauline:

3   Pauline   well, I just would like to talk about a situation erm the situation of Mr. Claver,

Vivien Claver, whom we follow together with Marc, erm, so last week I went

to the Home for quite another situation and then I met Ms. erm Dufrene'

4   Marc   uh-huh

5   Pauline   who is, well, the head of socio-educational work at the Home, who told me,

erm, about Mr. Claver's situation so he has, he is a young man who lives in

a home, and who works at ((name of sheltered workshop)) uh:

[…] (recalls some anamnestic information on the patient)

10   Elisa   that's the boyfriend, right,

11   Pauline   exactly, that's why I mention this because everything is related, *erm*, and *it's*

a bit complicated,

[…] (provides information about Mr. Claver's family that Mr. Claver himself ignores)

13   Pauline   […] so there are many many secrets around this situation, and I *was*

somewhat bothered because well, *erm, he's::* the the boyfriend of a patient

cared for by Elisa and Maeva, and *so: :/*

14   Maeva   it's Ms. Anabel xx […] (comments on Anabel).

Pauline's opening of the discussion explicitly indicates that she faces an obstacle

("it's a bit complicated", turn 11; "I am somewhat bothered", 13), that can be categorised as a

conflict. As explained before, a conflict appears when someone is facing a divergence

between their own action and that of others. At this point, Pauline speaks of secrets (13) but

the object of the obstacle she faces is still unclear. She limits herself to reporting that "Mr.

Claver is the boyfriend of a patient of Elisa's and Maeva's" (13). Maeva's reaction adds

further information: the name of Mr. Claver's girlfriend.

Step 2: Elaborating the conflict

A little later, Pauline takes up the obstacle she introduced:

35   Pauline   […] so he did not tell us anything about his girlfriend, he told us he had one, *but* without going into details, *but* we know, *I know* that she's, a patient of Elisa and Maeva's because Ms. Dufrene told me informally, *but* then well this is- this is information that we *HAVE* without having been told by the patient […] (reports other elements provided by Ms. Dufrene.)

Now, Pauline elaborates on the obstacle she faces: because of Ms. Dufrene's informal chat, she and Marc have heard that Mr. Claver has a girlfriend, whereas he did not tell them so (35). Moreover, they now know that this girlfriend (Anabel) is cared for by their colleagues, Elisa and Maeva.

Step 3: Formulating a critical conflict

After some short ratification turns, Pauline continues:

41   Pauline   *but* it's true that it's not X us, *erm:* we are *at at at well-* we are at the start of our care, we are making an alliance with him, so these are things he doesn't talk about, and at the same time we receive this flow of information and, *I-* well, *it's a bit delicate* to deal with this without his *erm* mentioning it to us, and also, *erm*, everything we know about his girlfriend, the ambivalence she feels towards her *MOTHER,* and towards her boyfriend, *it's erm::*

What Pauline now presents as "delicate" is that she and Marc are building a therapeutic alliance while holding information that the patient himself did not share with them. The conflict presented in Step 1 now turns into a "critical conflict" (hesitation and self-interruption markers combined with "it's a bit delicate" that in this context can be seen as the presence of inner doubts). Creating a therapeutic alliance while knowing about his

relationship with Anabel behind his back, is labeled by Pauline as "delicate". The object of

the obstacle in Pauline's activity is now even more explicit.

Step 4: Formulating a dilemma

After discussing more information about Mr. Claver and Anabel, Maeva, the psychiatrist following Anabel, takes the floor and suggests to "work on the couple" (68, not reported). This raises Pauline's objection:

69	Pauline	*but* then I am a bit, *well- I am in a bit of a bad position,* since since we know- *should we MENTION to Vivien that we know that Anabel is also cared for by us ((the TIC team))' should we tell him'* or at the level- [well, at the level of information]
70	Elisa	[(wincing) no:::]
71	Pauline	so we shouldn't at all, in this case, because he he didn't mention it at all… although he did tell us that he had girlfriends who were also cared for here, hmm, *but-*
72	Elisa	but *she* never told that he was cared for hmm, here§
73	Pauline	§exactly, that's it§
74	Elisa	§yes, she *does* say that she would like him to be cared for, so that he too could find somebody to talk to, for her it would be important. So they don't communicate with one another.
75	Marc	for me it's quite clear that *it's a violation of professional confidentiality*
76	Elisa	[absolutely]
77	Pauline	[that's it, that's it]
78	Eloi	[exactly]
79	Marc	telling a patient that his girlfriend is under the care of:
80	Elisa	we can't do this

After having expressed her trouble again (69), Pauline asks a question: should they, or shouldn't they, tell Mr. Claver that they know that Anabel is his girlfriend? After answering

"no" (70), Elisa provides new elements that imply, firstly, that Anabel may not know that Vivien is followed by the team (72). Secondly, that by telling Mr. Claver that they know about his relationship, they would reveal to him that Anabel is followed by their team. Marc immediately grasps the nature of this obstacle. Evoking a generic professional rule (Clot, 2008), he stresses that it is a "violation of professional confidentiality" (75). The obstacle now turns into a dilemma: on the one hand, they should *tell him* because they should not know things about him behind his back but on the other hand, they should *not tell him* because by telling Mr. Claver that they learned about his relationship with Anabel, they would by the same token reveal that Anabel is followed by their team and they don't know if Mr. Claver knows it.

Step 5: Constructing a solution to the dilemma

Eloi suggests two solutions:

85   Eloi   yeah, *but*, *maybe*, *maybe*, I, what I see here is that *erm*, well-to- to him, we should remind him, that *erm*, it remains confidential,

86   Pauline   yes this, this he,

87   Eloi   this is the first thing to him, and the second thing I would do is, if the team pass on information to you, I would ask them the question, *erm* "why are you giving us this information, and what do you expect from me'"

While Eloi's first solution still concerns Mr. Claver (telling him what we know but reminding him that it is confidential, 85), his second solution (discussing with the Home's team) focuses on the relationships between the TIC and the Home. The dilemma changes and becomes whether to tell or not to tell the other team. In doing so, Eloi is defining this obstacle as a problem of work organisation, and not only as an interpersonal problem.

Step 6: Reformulating the conflict

This leads Pauline and Marc to reformulate the obstacle once again:

94   Pauline   no but Ms. Dufrene clearly told me that, that she, I think that implicitly *she expects us to somewhat REPAIR* the couple, Vivien and Anabel, because she *has-* it hurts her a lot to *see-* to see them suffer, and she is afraid that they might split up / that's what she fears, she told me so.

95   Marc   but it's true that this head of the HOME, *she has expectations TOO* [*x GENERALLY speaking*]

96   Pauline   [yes, yeah]

97   Marc   for the situation of this patient, she wanted us to solve *EVERYTHING*, the mother's problem, the patient's problem, the father's problem […]

At this point, Marc and Pauline focus again on Ms. Dufrene's expectations, take a slightly critical tone towards her and exclude themselves from their reflexion.

Step 7: Reformulating the dilemma

Nevertheless, Eloi does not abandon his argumentative line (not reported here) and distinguishes between what practitioners know about a patient, and what parents as legal representatives are entitled to know. Pauline jumps in:

136   Pauline   and we, the holders of information that we don't transmit to the patient, because in *psychia-* well in traditional follow-up, *we are supposed to have a certain transparency, and then*, *here WE FABRICATE FURTHER open secrets*,

137   Manu   do you realise that with our very discussion here, we are already, we already exceed, well we (*laughs*) are breaching medical confidentiality'

Pauline (136) points out that practitioners do not always report the information they receive to the patient and hence violate a professional rule (having a "certain transparency" towards the patient). Consequently, Manu ironically concludes (137) that their discussion itself is a violation of "medical confidentiality". His comment indirectly refers to the Swiss law on medical confidentiality that, if strictly applied, does not allow

practitioners to talk about a patient without his or her consent, even within a team (Ayer, 2001).

Step 8: Solving the dilemma

The way seems now open for a concrete proposal for another solution:

151	Manu	of- we must nevertheless be able to collaborate WITHIN the TIC ((their team)) [if we follow two patients] (laughs)
152	Eloi	[oh yes] because we have several situations like this one,
153	Manu	yes, I can [imagine it happens]
154	Maeva	[we should maybe tell them] tell the network, we should tell the network "listen, this is how we operate, we work like this,"
155	Manu	yes we nevertheless need to discuss, which does not prevent us from respecting privacy§
156	Pauline	§YES

Confronted with a dilemma opposing a professional rule (transparency toward the patient), a law (medical confidentiality) and actual work, Manu suggests favouring actual work. "What really matters" to him (Edwards & Daniels, 2012) is collaborating within the team for the patient's benefit, at the expense of a strict application of professional rules. By giving priority to the teams' mode of collaboration, he considers a long-term perspective which is likely benefit to all present and future patients. This leads Meava to propose a concrete solution (telling the network how they operate) that, together with Manu's proposal to respect privacy elicits general consent and reduces the dilemma.

Discussion: from obstacles to professional learning

The analysis of a sequence dealing with an obstacle met in the collaboration between two teams (TIC and the Home) led to two main results. First, we found that Engeström and Sannino's method, which was initially developed to identify systemic contradictions occurring in large and complex systems of activity and in long-term interventions, can also be used to analyse ordinary and short team meetings, provided, however, that we add some indicators of discursive manifestations and use methodological tools that consider the dynamics of discourse leading to a certain way of managing obstacles. Considering the

analysed sequence as an activity system, in which information management was the object of activity, we can define the six poles of the system as follows: (1) a division of labour between psychiatry and socio-education with their specific histories, competences, means and rules; (2) a community of activity composed by the TIC, the Home and the patients; (3) rules, that is, professional confidentiality and transparency towards the patient; (4) subjects, that is, the participants in the meeting; (5) professional tools, that is, team meetings and the team's discursive resources to manage the obstacles met in their daily work.

Second, through a step-by-step discursive analysis of this sequence, we showed how, through their discursive dynamics, the participants gradually elaborated a new version of the obstacle introduced by one of them (Pauline) and could eventually formulate the contradiction underlying this obstacle. Defining the obstacle first as a result of a person's behaviour (Ms. Dufrene, the head of the Home), the participants progressively elaborated it as a manifestation of a contradiction between a law (medical confidentiality) and a professional rule (transparency towards the patient). They realised that the co-existence of these two rules was incompatible with interprofessional collaboration, whether within their own team or between the two teams. By formulating this contradiction, they little by little focused on communication between the two teams and within the TIC, and built a solution that was contextualized to their actual work and aligned with certain values concerning their relationship with patients. Henceforth the obstacle was no longer defined as an obstacle due to a person (Ms. Dufrene) or to interpersonal relationships (how to deal with Ms. Dufrene), but as an obstacle related to work organisation. As we already mentioned, this was, however, realised at the expense of the immediate solution to be given to the dilemma concerning the patients Vivian and Anabel, but it places the question in a larger temporality. On a theoretical level, we can note that the participants coordinated the four dimensions of work described by Clot and Kostulski (2011): the impersonal dimension of work, "that is, the description of the

work, its prescriptions, and the organization of the tasks" (p. 685), in this case medical confidentiality as a law; the transpersonal dimension of work, which concerns the professional practices, values and norms shared in the history of a profession and contributing to create a work collective which is not limited to the present participants in a team meeting; the interpersonal dimension which refers to the team's ability to develop relationships that contribute to the achievement and development of their work; the personal dimension, which, as Clot and Kosulski put it "is inherently in tension with the three other dimensions" (p. 685) since it refers to the professional's individual activity. In this case, it referred to Pauline's personal way of coping with this work situation. As a consequence, the team members took a reflexive stance on their actual practices in interprofessional collaboration, on their roles, the rules framing their relationship with the patients and information management.

These results, however, leave many questions open. First, can the gradual elaboration of this obstacle be considered as professional learning? Can professional learning occur in such a short time? In our opinion, as the discussion led the team members to take a reflexive stance on their own professional practices, we can certainly say that they achieved a form of professional learning. However, to be cautious, we should hypothesize that only the repetition of similar sequences over time elicits the development of larger and contextualised abilities, that is, professional learning on a broader scale. Second, does any team discussion lead the participants to go beyond the specificity of the case under discussion and to reconsider the team's mode of collaboration or work organisation on a more general level? Certainly not. Therefore, more research is needed to understand "regressive cycles", that is, cases in which no expansive learning is happening (Engeström, 1999). Third, does this study allow generalisation? The answer depends on what is intended by "generalisation". If, by generalisation, we mean abstraction, that is, a detachment from a local situation to a set of situations, our study does certainly not allow generalisation. If, in contrast, we assume that

action is not a consequence of knowing, and see acting as a way to know, then we can share Clot's idea about generalisation:

> … the question is to understand the mechanisms of action, to understand not only how singular things are in general but rather how, in general, singular things are generated. What is at stake is not to explain the eternal but to analyse how the new is produced. It is not a question of examining the general without the singular, but of discovering the general in the singular that is produced (Clot, 2009, p. 289)

In this sense, generalisation can be seen from the point of view of the participants, who, by developing a self-reflexive stance on this particular activity, may learn to adopt it to face other obstacles in their daily work.

Fourth, what would be the patient's response if he was aware that the professionals in charge shared information about him, and how would it impact the therapeutical relationship (or alliance)? Unfortunately, this study does not provide data to answer this question. Nevertheless, more generally, we can hypothesise that most patients who have to deal with various professionals assume that information circulates among a team or even between different teams, not least because it allows them not to repeat the same information every time they meet a new professional. However, the question is: does this assumption apply to any type of information or is it liable to vary according to the type of information disclosed by the patient? This also remains an open question.

Conclusion

Interprofessional collaboration, whether within a multidisciplinary team or between two teams or more, is a major challenge in healthcare management. This is so for three reasons at least: first, it does not rely on mere personal abilities or interpersonal relationships but takes place in complex work organisations, thus requiring important work articulation (Strauss et al., 1985). Second, practitioners do not necessarily share similar perspectives on the patients' difficulties, professional practices, rules, or values underlying their work. Thus,

interprofessional collaboration requires the development of relational agency (Edwards, 2005). Third, as in any work, practitioners have to contextualise their practices, knowledge and abilities to the singularity of their work situation.

The results of our study showed that Cultural-Historical Activity Theory (CHAT) combined with a dialogical discourse analysis might be a way to capture the complexity of interprofessional collaboration by identifying underlying systemic contradictions without neglecting the discursive processes through which the team members identified, formulated and managed them. The results do not only document interprofessional collaboration, but are also mostly relevant for professional training. Indeed, training future practitioners in interprofessional team working is of utmost importance if we want them to be able to face obstacles that are never totally identical, to contextualise their practices to the singularity of any work situation, and to consider work dimensions that are not only personal and interpersonal but encompass the organisational and institutional context.

References

Ayer, A. (2001). Le secret professionnel du psychologue: aspects juridiques [The psychologist's professional confidentiality: Legal apects]. *Actualités Psychologiques, 10*, 1-20.

Bournel-Bosson, M., & Grossen, M. (2018). Collaboration under constraints: Family supervision in child welfare. *Learning, Culture and Social Interaction, 19*, 146-159. https://doi: 10.1016/j.lcsi.2018.05.005

Clot, Y. (2008). *Travail et pouvoir d'agir* [Work and agency]. Paris, France : Presses Universitaires de France.

Clot, Y. (2009). Clinic of activity: The dialogue as instrument. In A. Sannino, H. Daniels, & K. Gutierrez (Eds.), *Learning and expanding with Activity Theory (*pp. 286-302). Cambridge: Cambridge University Press.

Clot, Y., & Kostulski, K. (2011). Intervening for transforming: The horizon of action in the Clinic of Activity. *Theory & Psychology*, *21*, 681-696. https://doi: 10.1177/0959354311419253

Corbin, J. M. (1998). The Corbin and Strauss Chronic Illness Trajectory model: An update. *Scholarly Inquiry for Nursing Practice: An International Journal*, *12*(1), 33-41.

Daniels, H., & Warmington, P. (2007). Analysing third generation activity systems: labour-power, subject position and personal transformation, *Journal of Workplace Learning*, *19*(6), 377-391. https://doi: 10.1108/13665620710777110

dos Santos Mamed, M., Grossen, M., & Cauderey, M. (2020). L'explication du diabète dans une séance d'éducation thérapeutique : une activité discursive contribuant au développement professionnel [The explanation of diabetes in a session of healthcare education : A discursive activity contributing to professionnel development]. *Langage & Société, 1*, 129-151. https://doi : 10.3917/ls.169.0129

Edwards, A. (2005). Relational agency: Learning to be a resourceful practictioner. *International Journal of Educational Research*, *43,* 68-182. https://doi: 10.1016/j.ijer.2006.06.010

Edwards, A. (2010). *Being an expert professional practitioner*. Oxford, UK: Springer.

Edwards, A., & Daniels, H. (2012). The knowledge that matters in professional practices. *Journal of Education and Work*, *25*(1), 39-58. https://doi: 10.1080/13639080.2012.644904

Edwards, A., & Mackenzie, L. (2005). Steps towards participation: The social support of learning trajectories. *International Journal of Lifelong Education*, *24*(4), 287-302. https://doi: 10.1080/02601370500169178

Engeström, Y. (1987). *Learning by expanding: An Activity-theoretical approach to developmental research*. Helsinki, Finland: Orienta-konsultit.

Engeström, Y. (1999). Innovative learning in work teams: Analyzing cycles of knowledge creation in practice. In Y. Engeström, R. Miettinen, & R.-L. Punamäki

(Eds.), *Perspectives on activity theory* (pp. 377-404), Cambridge, MA: Cambridge University Press.

Engeström, Y. (2008). *From teams to knots. Studies of collaboration and Learning at work.* Cambridge, MA: Cambridge University Press.

Engeström, Y., & Middleton, D. (Eds.). (1996). *Cognition and communication at work*. Cambridge, MA: Cambridge University Press.

Engeström, Y., & Sannino, A. (2011). Discursive manifestations of contradictions in organizational change efforts. *Journal of Organizational Change Management*, *24*(3), 368-387. https://doi: 10.1108/09534811111132758

Grosjean, M., & Lacoste, M. (1999). *Communication et intelligence collectiv*e [Communication and collective intelligence]. Paris, France : Presses Universitaires de France.

Grossen, M., & Salazar Orvig, A. (2011). Dialogism and dialogicality in the study of the self. *Culture and Psychology, 17(4*), 491–509. https://doi:0.1177/1354067X11418541

Grossen, M., Zittoun, T., & Ros, J. (2012). Boundary crossing events and potential appropriation space in philosophy, literature and general knowledge. In E. Hjörne, G. van der Aalsvoort, and G. de Abreu (Eds.), *Learning, Social Interaction and Diversity: Exploring School Practices* (pp. 15-34). London, UK: Sense.

Grossen, M. (2015). The diary as a dialogical space. In B. Wagoner, N. Chaudhary, and P. Hviid (Eds.), *Integrating Experiences: Body and Mind Moving Between Contexts* (pp. 201-219), Charlotte, NC: Information Age Publishing.

Hall, C., Slembrouck, S., & Sarangi, S. (2006). *Language practices in social work. Categorisation and acountability in child welfare*. London, UK: Routledge.

Hjörne, E., & Säljö, R. (2014). Analysing and preventing school failure: Exploring the role of multi-professionality in pupil health team meetings. *International Journal of Educational Research*, *63*, 5-14. https://doi: 10.1016/j.ijer.2012.09.005

Kloetzer, L., Clot, Y., & Quillerou-Grivot, E. (2015). Stimulating dialogue at work: The activity clinic approach to learning and development. In L. Filliettaz & S. Billet (Eds.), *Francophone perspective of learning through work: Conceptions, traditions and practices* (pp. 49-70). Bern, Switzerland: Springer.

Lave, J. & Wenger, E. (1991). *Situated Learning. Legitimate peripheral participation*. Cambridge, MA: Cambridge University Press.

Linell, P. (2009). *Rethinking Language, Mind, and world dialogically.* Charlotte, NC: Information Age Publishing.

Ludvigsen, S., Lund, A., Rasmussen, I., & Säljo, R. (Eds.). (2011). *Learning across sites. New tools, infrastructures and practices*. Abingdon, UK: Routledge.

Mäkitalo, A. (2012). Professional learning and the materiality of social practice. *Journal of Education and Work, 25*(1), 59-78. https://doi:10.1080/13639080.2012.644905

Marková, I., Linell, P., Grossen, M., & Salazar Orvig, A. (2007). *Dialogue in focus groups: Exploring socially shared knowledge*. London, UK: Equinox.

Mondada, L. (2011). Understanding as an embodied, situated and sequential achievement in interaction. *Journal of Pragmatics, 43*, 542-552.

Pekarek Doehler, S., Bangerter, A., & Weck, G. d. (Eds.). (2017). *Interactional competences in institutional settings. From school to the workplace*. London, UK: Palgrave Macmillan.

Radley, A., & Billig, M. (1996). Accounts of health and illness: Dilemmas and representations. *Sociology of Health and Illness, 18*(2), 220-240.

Ros, J. (2015). *La collaboration professionnelle à l'interface des institutions socio-éducative et psychiatrique. Jeux et enjeux de l'intervention auprès de personnes en situation de handicap mental et de troubles psychiques* [Interprofesional collaboration at the interface between the socio-educative and psychiatric institutions. Challenges is the intervention for people in a situation of mental handicap and psychiatric disorders] (Unpublished doctoral dissertation). University of Lausanne, Lausanne, Switzerland. https://serval.unil.ch/fr/notice/serval:BIB_82B78E8161F0.

Strauss, A., Fagerhaugh, S., Suczek, B. & Wiener, C. (1985). *Social organization of medical work*. Chicago, IL: University of Chicago Press.

Vygotsky, L.S. (2012). *Thought and language.* Cambridge, MA: MIT Press. (Original work published 1934).

Wenger, E. (1998). *Communities of practice: Learning, meaning and identity.* Cambridge, MA: Cambridge University Press.

Appendix A: Norms of Transcription

-	sudden interruption
<…>	uncertain transcription
(…)	transcriber's comment
XXX	incomprehensible segment, each X corresponds to a syllable
CAPITALS	louder syllable
::	stretching of a syllable. The number of: depends on the duration of the stretching
.	falling intonation
,	slightly falling intonation
/	pause of half a second
[…]	cut in the excerpt
§	very fast chaining between two speakers

Appendix B: The excerpts in original French language

Step 1

3	Pauline	oui :: moi je voulais juste parler d'une situation euh de : la situation de Monsieur Claver, Vivien Claver, qu'on voit avec Marc, euh donc moi je suis allée au home pour une tout autre situation : la semaine dernière, et puis j'ai vu madame euh : Dufrêne'
4	Marc	hum hum,
5	Pauline	c'est ça hein, qui est euh : la responsable socio-éducative du home, qui, m'a parlé euh : de de la situation de Monsieur Claver donc il a, c'est c'est un jeune homme dont : euh qui qui vit en foyer, qui travaille à ((nom d'un atelier protégé)), euh :

[…] (donne des informations sur l'anamnèse de la personne)

10	Elisa	c'est le copain hein,
11	Pauline	voilà c'est pour ça que j'en parle en fait, parce que tout est lié euh : et puis c'est un petit peu compliqué,

[…] (donne des informations à propose de la famille de Monsieur Claver, que lui-même ignore)

13	Pauline	[…] donc il y a beaucoup beaucoup de secrets autour de de cette situation, et puis moi j'étais un petit peu embêtée parce que voilà, donc euh, c'est : le le copain d'une patiente à Elisa et Maéva, et puis : /
14	Maéva	c'est Madame Anabel X,

Step 2

35	Pauline	[…] il nous a pas parlé de sa copine, il nous a dit qu'il avait une copine mais il est pas du tout rentrée dans les détails mais on sait, moi je sais que c'est, une patiente à Elisa et Maéva parce que c'est madame Dufrêne qui me l'a glissé entre deux portes, mais du coup voilà c'est

des, c'est des informations qu'on A sans que le patient nous en ait parlé
[…]

Step 3

| 41 | Pauline | […] mais c'est vrai que c'est pas X nous, euh : on est en train de de de enfin- on est au début du suivi avec lui, on est en train de faire alliance avec lui, donc c'est des choses qu'il aborde pas, et en même temps à côté de ça on a un flux d'info comme ça qui nous arrive, et, moi je- enfin, c'est un peu délicat de faire avec sans qu'il euh sans qu'il nous en parle, et puis aussi, euh tout ce qu'on connaît par rapport à sa copine, elle l'ambivalence dans laquelle elle est par rapport à sa MERE, et par rapport à son copain, c'est euh : |

Step 4

69	Pauline	mais du coup moi je suis un petit peu, enfin- je suis un peu mal prise dans cette situation, est-ce que, vu, vu qu'on sait est-ce qu'il faudrait qu'on MENTIONNE à Vivien que on est au courant que Anabel est suivie aussi chez nous ? est-ce qu'il faudrait qu'on lui dise ? où au niveau- [enfin, au niveau des informations]
70	Elisa	[(en grimaçant) non ::]
71	Pauline	mais il faudrait quand même pas du tout, mais dans ce cas-là, parce que il il nous a pas du tout mentionné ça, parce qu'il nous a dit qu'il avait des copines qui étaient suivies aussi ici hein, mais-
72	Elisa	mais elle elle a jamais dit que lui il était suivi hein, ici§
73	Pauline	§voilà, c'est ça§

74	Elisa	§si elle, elle dit, elle aimerait bien qu'il soit suivi, qu'il trouve aussi quelqu'un à qui parler, pour elle ça serait important. mais donc l'un et l'autre ne se communiquent pas.
75	Marc	pour moi c'est assez clair que ça c'est une violation du secret professionnel.
76	Elisa	[absolument]
77	Pauline	[c'est ça, c'est ça]
78	Eloi	[exactement]
79	Marc	le fait de di ::re, à un patient que : qu'elle est suivi par :
80	Elisa	ça on peut pas,

Step 5

85	Eloi	ouais mais, peut-être, peut-être moi, ce que je vois là c'est que :: euh, donc à- à lui, il faut lui rappeler, que euh, ça reste confidentiel,
86	Pauline	oui ça : ça lui,
87	Eloi	ça c'est la première chose à lui, et puis la deuxième chose c'est à l'équipe, si ils vous transmettent des informations, moi je leur poserais la question, euh « pourquoi vous nous transmettez cette information, et qu'est-ce que vous attendez de moi »,

Step 6

| 94 | Pauline | non mais madame Dufrêne m'a dit clairement que, que elle, je pense que de manière implicite elle attend qu'on REPARE un peu le couple, Vivien Anabel, parce qu'elle a- ça lui fait beaucoup de peine : de voir- de les voir pas bien, et puis elle craint que ils se séparent / donc elle c'est sa crainte, ça elle me l'a dit. |

95	Marc	mais c'est vrai que cette responsable, de foyer, elle est dans une attente TROP [*x* de manière GENERALE]
96	Pauline	[oui, ouais]
97	Marc	pour la situation de ce patient elle voulait qu'on résoud TOUT déjà, le problème de la maman, le problème du patient, le problème du père […]

Step 7

136	Pauline	et puis nous détenteurs d'informations, qu'on, transmet pas au patient, parce que dans la, dans psychia- enfin, dans les suivis traditionnels, on est censés avoir une certaine transparence, et puis alors là du coup, NOUS on crée ENCORE, des secrets de polichinelle en gros,
137	Manu	vous savez que rien que la discussion là, on est déjà, on est déjà hors, enfin on (rire) viole le secret médical,

Step 8

151	Manu	de : on doit quand même pouvoir collaborer AU SEIN de la tic, [si on suit deux patients (rire)]
152	Eloi	[ah oui] parce qu'on a plusieurs situations hein comme ça,
153	Manu	oui, je peux [imaginer que ça arrive]
154	Maéva	[il faudrait peut-être qu'on leur-] di :re au réseau, qu'on doive dire au réseau, « écoutez, nous on fonctionne comme ça, on travaille comme ça, »
155	Manu	oui on a quand même besoin d'échanger, ça n'empêche pas qu'on puisse respecter l'intimité§
156	Pauline	§OUI§

Acknowledgement

About the authors

Jenny Ros. holds a PhD in psychology from the University of Lausanne. She is scientific collaborator at the University of Applied Sciences and Arts Western Switzerland. Her research focuses on professional practices in the field of social and health work using methods of activity analysis. Email: jenny.ros@hetsl.ch

Michèle Grossen. is emeritus professor at the University of Lausanne. Her research focuses on social interactions and communication, mainly in teaching-learning situations, but also in therapeutic interviews, considered in a sociocultural and dialogical approach. Email: michele.grossen@unil.ch