

Interprofessional Collaboration Guidelines

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Purpose

The purpose of this document is to provide **REGISTRANTS**¹ with direction, clarify roles and responsibilities, and provide a framework for decision-making for communication and collaboration with all members of the **HEALTH-CARE TEAM**. This document applies to all registrants regardless of domain of practice, role, or setting.

TEAMWORK is important for **CLIENT** care, preventing potential errors and **ADVERSE EVENTS** (Baird et al., 2019; Campbell et al., 2020). It can help identify unique strategies for workflow efficiencies to help organizations improve health care delivery (Baird et al., 2019). Client safety and satisfaction with care may be affected by the extent to which teams demonstrate **INTERPROFESSIONAL COLLABORATION** (Baird et al., 2019; Campbell et al., 2020). Common elements of collaboration include trust, respect, shared decision-making and partnerships.

These guidelines align with

- the expectations for professional practice as outlined in the *Practice Standards for Registrants* (College of Registered Nurses of Alberta [CRNA], 2023),
- the *Entry-level Competencies for the Practice of Registered Nurses* (CRNA, 2019), and
- the ethical responsibilities in the Canadian Nurses Association's *Code of Ethics for Registered Nurses* (CNA, 2017).

Registrants must meet all standards that apply to their practice. This includes meeting expectations in the CRNA standards, following directions in guidelines, and other regulatory guidance.

All of the CRNA documents are on the CRNA website at www.nurses.ab.ca.

These guidelines are adapted from the Canadian Interprofessional Health Collaborative's *National Interprofessional Competency Framework* (CIHC, 2010) that focuses on the development and integration of knowledge, skills, attitudes, and values in arriving at decisions necessary for collaborative practice.

¹ Words and phrases displayed in **BOLD CAPITALS** upon first mention are defined in the Glossary.

Interprofessional Collaboration

In the health-care system, there are a variety of current and emerging roles and models of care. In a rapidly changing health-care environment, interprofessional health-care teams need to understand how to optimize the roles of their members, where overlapping scopes of practice exist, how to communicate effectively, participate in **CASE MANAGEMENT**, and provide quality health services to clients. In the practice setting, there is an emphasis on interprofessional collaboration, and it is important for registrants to have guidance on the principles of interprofessional collaboration for client safety.

Guidelines

Guideline 1: Interprofessional Communication

Registrants communicate with all members of the health-care team in a collaborative, respectful, responsive and responsible manner.

The use of common language, holistic client assessments, action plans, addressing critical issues during meetings, exchanging feedback, and setting priorities are essential for efficient and effective communication in interprofessional collaboration (Doornebosch et al., 2022).

Registrants communicate effectively and respectfully with clients, **ESSENTIAL CARE PARTNERS** and other members of the health-care team, to enhance client care and safety outcomes. They recognize the power differentials among formal leaders, colleagues and students, while working with others to honour dignity and resolve differences in a constructive way (CNA, 2017).

Registrants ensure that when they engage in any form of communication, including verbal or electronic, involving a discussion of clinical cases, that their discussion of clients receiving care is respectful and does not identify those clients unless necessary and appropriate (CNA, 2017). Responsibilities within the code of ethics apply to interactions with all persons who have health-care needs or are receiving care, as well as with students, colleagues and other members of the health-care team.

When communicating within an interprofessional team, registrants

- communicate to ensure common understanding of each other's roles, information, treatment, care decisions and programs and policies;
- actively listen to clients, their essential care partners, and other team members;

- choose effective communication tools and techniques that facilitate discussions and interactions that enhance team functions;
- document communication with other team members about the plan of care for the client; and
- effectively use information and communication technology to improve interprofessional **CLIENT-CENTRED CARE**.

Guideline 2: Client-Centered Care

Registrants actively engage and value the client and their essential care partners, in the design and implementation of care or services.

In client-centred care, interprofessional teams integrate and value clients in the design and implementation of care and services (CIHC, 2010). A major component in frameworks of interprofessional collaboration, client-centred care enables client participation in clinical decision-making and management, empowering clients to be active participants in the care they receive (Karam et al., 2018).

Registrants use **EVIDENCE-INFORMED** resources and information that enhance client care and the achievement of desired client outcomes. They incorporate best practices for client-centred care, and respectfully seek to understand the clients' perspectives, experiences, values, preferences and hopes that are important to their overall health and well-being (Narayan, 2019). Registrants respect diversity and promote a culturally safe and inclusive environment for clients, essential care partners, and members of the health-care team.

Registrants protect and promote a client's right to autonomy, respect, privacy, dignity and access to information. They collaborate with the client, essential care partners, and other members of the health-care team regarding activities of care planning, implementation, and evaluation. Registrants explain nursing care to clients and their essential care partners, unless contrary to the express request of the client. They obtain **INFORMED CONSENT** from clients prior to sharing information with essential care partners.

When providing client-centred care, registrants

- support participation of clients and their essential care partners as integral partners in health care or service planning, implementation, and evaluation;
- listen respectfully to the expressed needs or concerns of the client in shaping and delivering care or services;
- share information with clients, and as appropriate, their essential care partners, in a

respectful manner and in a way that is understandable, encourages discussion and enhances shared decision-making; and

- ensure appropriate education and support is provided to clients and their essential care partners, sharing client needs and expressed wishes with other team members involved with their care or service.

Guideline 3: Role Clarification

Registrants understand their role and the roles of other health professionals to establish interprofessional collaboration to achieve client goals. Role clarification facilitates continuity of care.

Open and active communication between members of the interprofessional team allow for professional role clarification, recognizing scopes, complexity, practice parameters, and awareness of resources, goals and capacities (Karam et al., 2018).

Registrants practice within the legislated scope of practice of the profession, explaining care and articulating nursing's contribution to the delivery of health services. Registrants represent themselves clearly by name, title, and their role in the client's care. They collaborate with other health-care providers and others to maximize health benefits to clients receiving care, recognizing and respecting the knowledge, skills and perspectives of all (CNA, 2017).

The *Health Professions Act* (HPA, 2000) provides a legislative framework for regulated health professions using a model that allows for non-exclusive, overlapping scopes of practice. No single profession has exclusive ownership of a specific **RESTRICTED ACTIVITY** or health service, and different professions may provide the same interventions. Under the HPA, each regulated profession has a legislated practice statement defining the profession's practice, encompassing the overarching categories of interventions the profession may provide. Schedule 24, Section 3 of the HPA defines the profession of registered nurses (RNs). The *Scope of Practice for Registered Nurses* (CRNA, 2022b) and *Scope of Practice for Nurse Practitioners* (CRNA, 2022a) further articulate and outline the boundaries of practice for RNs and NPs.

Registrants assess the client's health-care needs to determine if they are the most appropriate health-care professional to safely provide the client care. They assess their own knowledge, skills, **COMPETENCE**, and authorization to perform the intervention that is required to meet the client's needs, practicing within their level of competence and authorization. When aspects of care are beyond the registrant's level of competence, they seek additional information or knowledge, report to their supervisor or a competent practitioner and request support (CNA, 2017).

When working with an interprofessional team, registrants

- know their own scope of practice, recognizing their individual knowledge, skills and competence;
- respect the diversity of other health and social care roles, responsibilities, and competencies;
- communicate, collaborate and coordinate client care activities with clients, essential care partners and members of the health-care team, while considering the roles, scopes of practice, knowledge and skills of other team members in determining how best to meet the needs of the client; and
- work collaboratively to integrate interprofessional competencies or roles seamlessly into models of service delivery.

If registrants are uncertain of the scope of practice of interprofessional team members, they should seek clarification directly from the team member or by contacting the team member's regulatory college. Further, employer requirements may confirm and clarify the roles and responsibilities of each health-care provider on the health-care team.

Guideline 4: Team Functioning

Registrants understand the principles of teamwork dynamics and team processes to enable effective interprofessional collaboration.

Registrants are responsible and accountable for their practice and conduct, and must ensure their interactions with clients, essential care partners and all members of the health-care team are professional, respectful and therapeutic. Respect means that registrants view every individual as being unique and recognize each person's dignity and worth, regardless of the individual's personal attributes or social determinants of health.

Interprofessional collaboration requires trust, mutual respect, availability, open communication, and attentive listening (CIHC, 2010; Karam et al., 2018). Complex situations require shared care planning, problem-solving and decision-making for the best outcomes possible (CIHC, 2010). Various health professionals might be involved in caring for the same client; however, each individual health professional is accountable for their own actions, responsibilities and roles, as explicitly defined within one's professional and regulatory scope of practice.

Registrants advocate for safe, competent and ethical nursing care, and contribute to establishing practice environments that have the organizational and human support systems, and the necessary resource allocation. They promote safe practice environments that contribute to healthy teams and therapeutic client outcomes. Registrants coordinate

client care activities to promote continuity of health services and supervise others when appropriate or required to enhance client outcomes.

When practicing with an interprofessional team, registrants

- establish and maintain effective and therapeutic relationships with the client and interprofessional team, whether or not a formalized team exists;
- share the accountability for health outcomes with clients and other team members, while maintaining accountability for one's own practice; and
- respect team ethics, including confidentiality, resource allocation, and professionalism, acting in a manner in alignment with the CRNA's standards of practice and code of ethics.

Guideline 5: Collaborative Leadership

Registrants recognize that different team members may assume leadership responsibilities as appropriate. Registrants work to support collaborative practice models.

Registrants are leaders who influence and inspire others to achieve optimal health outcomes for all. They invest in shared leadership to promote interprofessional practice (Sangaleti et al., 2017). Registrants assume shared accountability for the processes chosen to achieve outcomes (CIHC, 2010) and leadership among team members is dependent on the expertise needed at the given point in time (Heinneman & Zeiss, 2002, as cited in CIHC, 2010).

When working with an interprofessional team, registrants

- recognize that both formal and informal leadership co-exist;
- understand when to take on a lead role, when to take on a complementary role and when to consult and refer;
- work with others to enable effective client outcomes;
- facilitate effective team processes;
- facilitate effective decision-making;
- establish an environment for collaborative practice among interprofessional team members;
- apply collaborative decision-making principles. Adopted from Michalsen et al. (2019):

- **V**alue the input from all members of the interprofessional team
 - **A**cknowledge emotions
 - **L**isten to each other
 - **U**nderstand the team members as integral persons, including their commitments to clients and high-quality client care
 - **E**licit the expert suggestions of team members and make use of their specific expertise
 - **T**ie the decision to the best evidence available
 - **E**laborate on the client's values, goals, and preferences
 - **A**ddress diverse opinions and seek consensus among team members
 - **M**ake the best decision weighing reasonable health-care options with the client's goals; and
- integrate the principles of continuous quality improvement to work processes and outcomes.

Guideline 6: : Interprofessional Conflict Resolution

Registrants actively engage all members of the health-care team to address disagreements positively and constructively as they arise. Disagreements that impact client care should include active engagement of the client.

Conflicts among health-care professionals are complex and can be viewed through the lenses of individual factors, interpersonal factors, and organizational factors (Kim et al., 2017). This has an impact on the human response to conflict, interpersonal and group dynamics, and the organizational structure and culture (Kim et al., 2017).

Registrants participate in creating and maintaining a healthy, respectful and psychologically safe workplace. When differences among members of the health-care team arise, registrants seek constructive and collaborative approaches to resolving them and commit to conflict resolution and a client-centred approach to care (CNA, 2017). This promotes a safe practice environment that contributes to healthy teams and therapeutic client outcomes.

When working with an interprofessional team, registrants

- reflect on their own implicit biases and how they cope when faced with opposing views;
- apply strategies to deal with conflict;
- identify common situations that may lead to disagreements or conflicts, including role ambiguity, power differentials and differences in goals;
- recognize the potential for conflict to occur and take constructive steps to prevent and address it;
- engage themselves and others to be an active part of conflict management, and recognize how one's behaviour and conduct contribute to the situation;
- set guidelines for addressing disagreements;
- work effectively to address and resolve disagreements, including analyzing the causes of conflict and work to reach a mutually acceptable solution;
- establish a safe environment in which to express diverse opinions; and
- develop a level of consensus among those with differing views, allowing all members of the interprofessional team to feel their viewpoints have been heard for better care and client outcomes.

Glossary

ADVERSE EFFECT – An event that results in unintended harm to the client, and is related to the care and/or services provided to the client, rather than the client’s underlying medical condition (Canadian Patient Safety Institute, n.d.).

CASE MANAGEMENT – “Coordinating care and advocating for specified individuals and client populations across settings to reduce cost, reduce resource use, improve quality of health care, and achieve desired outcomes” (Bulechek et al., 2013).

CLIENT(S) – The term client(s) can refer to patients, residents, families, groups, communities and populations.

CLIENT-CENTERED CARE – A partnership between a team of health providers and a client where the client retains control over their care and is provided access to the knowledge and skills of team members to arrive at a realistic team shared plan of care and access to the resources to achieve the plan (Orchard, 2008 as cited in CIHC, 2010).

COMPETENCE – The integrated knowledge, skills, judgment, and attributes required of a nurse to practise safely and ethically in a designated role and setting.

ESSENTIAL CARE PARTNERS – Provide physical, psychological and emotional support, as deemed important by the client. This care can include support in decision-making, care coordination and continuity of care. Essential care partners are identified by the client and can include family members, close friends, caregivers, or any person identified by the client (Canadian Foundation for Healthcare Improvement, & Canadian Patient Safety Institute, 2020).

EVIDENCE-INFORMED – The process of combining the best available evidence through a variety of sources such as research, grey literature, experience, context, experts, and client experiences and perspectives.

HEALTH CARE TEAM – “A number of health-care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with persons, families, groups, communities or populations” (CNA, 2017).

INFORMED CONSENT – The process of giving permission or making choices about care. It is based on both a legal doctrine and an ethical principle of respect for an individual’s right to sufficient information to make decisions about care, treatment and involvement in research (CNA, 2017).

INTERPROFESSIONAL COLLABORATION – A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues (Orchard et al., 2005).

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners, and RN or NP courtesy registrants on the CRNA registry.

RESTRICTED ACTIVITIES – High risk activities that require specific competencies and skills to be carried out safely and are listed in the HPA (2000) and the *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) that are part of providing a health service. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity.

TEAMWORK – “The process whereby a group of people, with a common goal, work together, often but not necessarily, to increase the efficiency of the task in hand” (Freeth et al., 2005 as cited in Government of Alberta, 2012).

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