



PRACTICE DIRECTION

Interprofessional Collaborative Care

Initial Approval: June 21, 2019

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Practice Directions set out requirements related to specific aspects of the practice of medicine. Practice Directions provide more detailed information than contained in the Regulated Health Professions Act (“RHPA”), Regulations, Bylaws, and Standards of Practice issued by CPSM. All registrants must comply with Practice Directions, in accordance with s. 86 of the RHPA.

Collaborative care in health care occurs when multiple providers from different professions provide comprehensive services by working with patients, their families and support networks, care providers and communities to deliver the highest quality of care across all settings. This partnership between a patient and a team of health care providers is a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

This practice direction was developed collaboratively by the following Colleges (in alphabetical order):

- College of Audiologists and Speech Language Pathologists of Manitoba
- College of Dietitians of Manitoba
- College of Licensed Practical Nurses of Manitoba
- College of Medical Laboratory Technologists of Manitoba
- College of Pharmacists of Manitoba
- College of Physicians and Surgeons of Manitoba
- College of Physiotherapists of Manitoba
- College of Registered Nurses of Manitoba
- College of Registered Psychiatric Nurses of Manitoba
- Manitoba Association of Registered Respiratory Therapists

The following expectations are adopted from the National Interprofessional Competency Framework of *the Canadian Interprofessional Health Collaborative* (CIHC 2010).

Expectation 1 – Patient Centered Care

- Practitioners seek out the input and engagement of patients, integrating their information, and valuing them as partners in designing, implementing, and evaluating care/services
 - *Empowering the patient*
 - *Ensuring the patient is always the primary professional obligation*
 - *Adhering to the Code of Ethics and Professionalism*

Expectation 2 – Role Clarification

- Practitioners understand their own role and competence, as well as the roles of those in other professions, and use this knowledge appropriately to establish and meet patient goals
 - *Recognize one's limitations in skills, knowledge and abilities*
 - *Uses the full scope of knowledge, skills and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective and equitable*

Expectation 3 – Team Functioning

- Practitioners acknowledge team dynamics and group processes to enable effective interprofessional team collaboration
 - *Engage and effectively facilitate respectful interactions among team members*
 - *Establish and maintain effective and healthy working relationships with the patient and practitioners, whether or not a formalized team exists*
 - *Share the accountability for health outcomes with patients, other professions and communities, while maintaining accountability for one's own practice*

Expectation 4 – Collaborative Leadership

- Practitioners recognize that different team members may assume leadership roles as appropriate to the task undertaken
 - *Recognize that both formal and informal leadership co-exist*
 - *Acknowledge that leadership will vary depending on the situation and environment*
 - *Understand when to take on a lead role, when to take on a complementary role and when to refer/consult*

Expectation 5 – Interprofessional Communication

- Practitioners take responsibility to communicate with others in a collaborative and responsive manner
 - *Establish common understanding of information, treatment, care decisions and programs and policies*
 - *Choose effective communication tools and techniques that facilitate discussions and interactions that enhance team functions*

Expectation 6 – Interprofessional Conflict Resolution

- Practitioners actively engage self and others in dealing effectively with interprofessional conflict
 - *Recognize and value the potential for conflict to occur.*
 - *Engage self and others to be an active part of conflict management and recognize how one's behaviour and conduct contribute to the situation.*
 - *Work effectively to address and resolve disagreements including analyzing the causes of conflict and working to reach a mutually acceptable solution*

References

Regulated Health Professions Act [Part 3 Governance Sec 10\(2\) \(i\)](#)

College of Physicians and Surgeons of Manitoba Standards of Practice Regulation section 5 – Collaborative Care

Canadian Interprofessional Health Collaborative [National Competency Framework](#)

APPENDIX 1**College of Physicians & Surgeons of Manitoba Standards of Practice Regulation
Regulation 164/2018****Section 5 - Collaborative care**

When a registrant and one or more other health care providers are involved in the health care of a patient, the registrant must:

- (a) collaborate with other health care providers in the care of the patient and in the functioning and improvement of that health care;
- (b) treat other health care providers with respect;
- (c) recognize the skills, knowledge, competencies and roles of others involved in the patient's care;
- (d) understand the registrant's role and the role of other health care providers involved in the health care of the patient;
- (e) identify themselves to the patient or their representative and explain the registrant's role and responsibility;
- (f) communicate effectively and appropriately with the other health care providers;
and
- (g) document, on the patient record, the registrant's contribution to the patient's care.

APPENDIX 2

Inter Professional Collaborative Scenarios

Introduction

Each example will indicate a situation, identify competencies used in bold and discuss solutions. The following examples may contain more than one competence from the framework and there are overlapping competencies.

Conflict Management

Situation

A team in a small Community Health Centre has an inter-professional team made up of physicians, nurses, dietitians and social work. The team feels that people are treated equally, except for one particular situation. There is a high incidence of diabetes in the community and the centre has developed an education program to address this. The social worker, dietitian, nurse practitioner and the physician all have a role to play in the workshop. But it seemed that the time of the physician and nurse practitioner was more valuable. The social worker and dietitian were the ones who had to do all the advertising, room set up, getting refreshments ready and cleaning up after the workshop. The physician and the nurse practitioner came in for a few minutes, presented their part of the workshop, and then left. The routine tasks are not something the physician and nurse practitioner volunteer to do, nor are they directly asked to help with. The team has regular monthly meetings to discuss workplace concerns or issues.

Competencies Used

The social worker and dietitian identify this issue with the rest of the team. They **respectfully share** how they are feeling and the associated workload attached to the education program. They **listen** to their team members to **better understand** their position on the situation and ask clarifying questions.

Solution

The team decides to redistribute the workload, which validates the value of each team member's time, and agree to revisit after the next time the program is offered. **(Develop a level of consensus)**. The team members realize they all have patient or client care responsibilities that are of equal value.

Role Clarity

Situation I

A client with diabetes presents to the emergency department with an entrance complaint of painful right heel. The licensed practical nurse assesses the client and determines that the client has a large, 2cm, ulcer on the right heel. The licensed practical nurse learns from the client and their family that their blood sugars are not well controlled and any member of their health care team has not seen them for several months. The family is committed to supporting the patient as long as they are provided the appropriate information/supports. The family expressed confusion about knowing which health care professional to approach with concerns.

Competencies Used and Solution

The team **communicates** their **roles** and findings with the client and family. The licensed practical nurse communicates the client assessment to the physician assigned to the patient and initiates appropriate referrals. The Dietitian meets with the client and family to review and make nutrition recommendations. The Occupational Therapy learns that the patient does not have appropriate footwear or walking aides and is not mobilizing to their potential. The Occupational Therapy assists the client and family in accessing appropriate supports. The social worker reviews the team notes and determines that at this time services are not required. The client is discharged with information and confidence in the care plan. Follow up is arranged in the community.

Situation II

A hospital pharmacist had been a member of a collaborative team, consisting of a physician, registered nurse, occupational therapist, and physiotherapist, for many years. The team's workload increased significantly in recent months, and the physician asked the pharmacist to write all prescriptions and provide them as "verbal order" prescriptions on behalf of the physician, to the hospital pharmacy and patients' community pharmacies upon discharge.

Solution

The pharmacist had a discussion with the physician about this request, as the pharmacist did not have their expanded scope designation and was not legally permitted to write these prescriptions or provide verbal orders on behalf of the prescriber to community pharmacies.

Competencies

The following competencies are applicable to this situation

- Recognize one's limitations in skills, knowledge and abilities
- Communicates one's roles and responsibilities clearly to other professionals
- Uses the full scope of knowledge, skills and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective and equitable

Team Functionality

Situation I

Clients with mental and physical health issues attend a Community Health Centre. They access various services in the Health Centre and there have been issues with communication. Clients have reported prior visits to Crisis Stabilization Unit and these records have not been available and have affected the continuity of care. Clients assume that pertinent health information is shared between professions within their circle of care.

Solution

This Community Health Centre has been facilitating interdisciplinary collaboration by utilizing integrated client record and integrated client goal sheets. The Centre reached an agreement with the Regional Health Authority regarding the Personal Health Information Act that has allowed for an integrated primary health care and mental health record. All progress notes, assessments, consultations and client plans are now being used by the complete primary health care team. The team also uses an integrated client goal sheet that documents client driven goals to further assist with the continuity of care. These records are complemented by integrated case meetings where complex client case issues are discussed and care is coordinated.

This solution utilizes the following competencies:

- **Engages health providers in shared client centered problem solving**
- **Integrates the knowledge and experience of health care professions to inform health care decisions while respecting client values/priorities**
- **Respects team ethics including confidentiality, resource allocation and professionalism**
- **Trusts and mutual respect guide team dynamics and interactions**

Situation II

A pharmacist recently joined a patient care team on a cardiology unit of a hospital. The team consists of two physicians, a nurse practitioner, registered nurse, and a social worker, and had not previously had a pharmacist working as part of their team.

Solution

The team had a meeting when the pharmacist first joined the team, in order to discuss how the pharmacist can best integrate with the team in order to optimize patient care. Following this discussion, the pharmacist began rounding with the team each day in order to assess medication regimens and identify any possible drug interactions or adverse events the patients were experiencing as a result of the medication they were taking. The pharmacist also took the lead on patient counselling at the time of discharge and coordinated with community pharmacists to ensure patients received the correct medications upon discharge from the hospital.

Competencies

The following competencies are included in the situation and solution:

- Integrate the knowledge and experience of health and other professions to inform health and care decisions while respecting patient and community values and priorities/preferences for care
- Engage and effectively facilitate respectful interactions among team members
- Establish and maintain effective and healthy working relationships with client and practitioners, whether or not a formalized team exists

Communication

Situation !: Reporting critical result on a patient

An MLT has just completed processing a CBC request from the Recovery Room. The results indicate that the platelet count is critically low resulting in the need for the MLT to follow the protocol for critical results. The MLT checks to ensure that the sample received is not clotted which could result in a falsely low result. The protocol requires that MLT report the result immediately, document the procedure and requests another sample to verify that the result is “a true value”.

The MLT calls the ward and provides the platelet value to the ward clerk and indicates that the value is critically low. The ward clerk hangs up before the MLT is able to get the ward clerk's name (for documentation that the critical value has been reported) and before requesting another sample.

Solution

The MLT phones back and another individual answers the phone. The MLT explains the situation and asks to speak to the original clerk. The individual to which the MLT is currently speaking does not understand the MLT's request. The MLT asks to speak with the nurse in charge of the patient.

When the nurse comes to the phone, the MLT explains the situation, provides the critical value to the nurse, requests the name of the nurse and asks for another CBC sample to be sent to the lab immediately to verify the results.

Following this situation, the MLT documents the communication requirements for critical result management and has a discussion with the staff on the unit to understand the communication processes.

Competencies

The following competencies are included in the above situation:

- Choose effective communication tools and techniques, including information systems and communication technologies to facilitate discussions and interactions that enhance team functions
- Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity and respect, working to ensure common understanding of information, treatment, care decisions and population health programs and principles

Scenario II

Scenario – Eating Disorders/Communication (involve RD and RPN)

The eating disorders treatment team in a large urban centre involves a psychiatrist, dietitian, mental health professionals such as registered psychiatric nurses, psychologists and family therapists (social workers) as well as the client and their family. The team works together to provide care on an individual and group basis. A client currently attending the day hospital program is at the weight recovery stage of their therapy and is struggling with reaching their assessed healthy weight range.

Solution

The registered psychiatric nurse therapist and dietitian meet with the patient to review progress, assess healthy weight range, weight history, provide rationale for healthy weight range as well as review symptoms and resolution of symptoms.

Competencies

The following competencies are included in the situation and solution:

- Establish common understanding of information, treatment, care decisions and programs and policies
- Establish and maintain effective and healthy working relationships with client and practitioners
- Actively listen to other team members, including the client

Client Centered Care

Situation: Providing INR result directly to a patient on stabilized Coumadin.

Over the past couple of years a small community laboratory routinely collects a sample to monitor a patient's INR. The patient indicates that they will be seeing their doctor later in the day and asks if the result will reach their doctor's office by the scheduled appointment time. The MLT indicates that it will take about 1 hour for the result to be available but that

the Laboratory Information System (LIS) is down for the day so the physician's office will not receive the result until the LIS is back up. The patient asks if the result can be given to them if they wait. The MLT confers with the physician to confirm the results will be provided directly to the patient.

Solution:

After completing the testing, the MLT provides the patient with the result to give to their doctor. The MLT also faxes the result so that the physician has the result in hand when the patient arrives for their appointment.

Competencies:

The following competencies are included in the above situation:

- Places interests of patients and populations at the center of inter-professional health care delivery and population health programs and policies with the goal of promoting health and health equity across the life span

Collaborative Leadership

Situation

A patient is on a post-stroke unit recovering. They are nearing discharge and wish to return to independent living and work. Family is concerned about how the patient will manage.

Solution

There is a team meeting to get input from the various disciplines as to the status of the patient and make a decision regarding discharge. The team is led by the nurse-manager of the unit. The nurse-manager envisions that all patients can achieve their maximum level of function.

Input is sought from:

- physiotherapy regarding walking and transfers,
- occupational therapy regarding level of function for ADLs such as basic food preparation,
- physician regarding stability of the patient's comorbid conditions, and
- the pharmacist regarding medication interactions and alerts.

There is discussion regarding what supports the patient will require upon discharge, and the follow up recommendations to the patient and family physician. The family will be actively involved in the discharge planning, with the nurse meeting with the family to discuss discharge planning.

Competencies

The solution includes the following competencies:

- Facilitates effective team processes and decision making
- Effectively draws on the strength of all team members
- Inspires and empowers the client, family, and team members to optimize health, as defined by the client
- Visionary but invites input of team members to achieve a common goal