College of Physiotherapists of Manitoba

PRACTICE DIRECTION

Current and updated as of: December 16, 2024

Interprofessional Collaborative Care

This practice direction was created in collaboration with the Office of Interprofessional Collaboration, Rady Faculty of Health Sciences, University of Manitoba, and 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 Midwives of Manitoba
- College of Paramedics 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

Purpose

Collaborative care in health care occurs when multiple providers from different professions and disciplines provide comprehensive services by working with persons and their circles of care[1] to deliver the highest quality of care across all settings. To address the multifaceted challenges in complex systems, the goal is to enhance health and social care and services through collaborative, relationship-focused partnerships and to share decision-making around health and social issues. Effective collaboration is required to advance health equity towards culturally safe care with a commitment to truth and reconciliation, and to meet priorities related to diversity, equity, inclusion, and access to care.

The purpose of this practice direction is to further identify the expectations for collaboration with others involved in the provision of care in a team-based environment. The participating Colleges acknowledge the importance of this collective work and have utilized the concepts below to develop a comprehensive, collaborative document for those members of the participating health regulatory Colleges.

The Canadian Interprofessional Health Collaborative (CIHC) is a national group consisting of health organization leaders, health educators, researchers, health and social care providers, and learners from

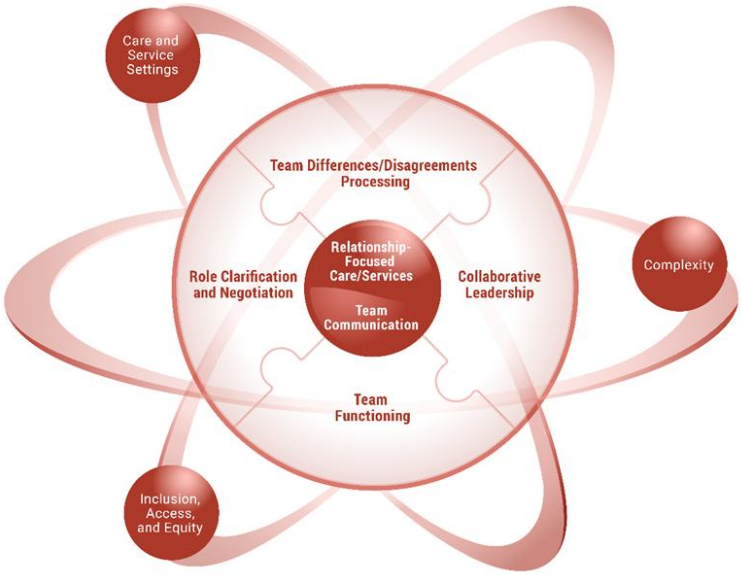
[1] Circle of care refers to families, neighbours, support networks, care providers, and communities.

[2] CIHC (2024). *CIHC Competency Framework for Advancing Collaboration 2024*. CIHC Competency Framework for Advancing Collaboration (cihc-cpis.com)

across Canada that identifies best practices based on extensive and emerging knowledge in interprofessional education and collaborative practice. The belief is that interprofessional education, and collaborative and relationship-centered care and services are essential to building effective teams and improving health outcomes and experiences. All members of the team are equal participants with equally valuable contributions. The *CIHC Competency Framework for Advancing Collaboration* (2024)[2] consists of six competency domains that highlight the knowledge, skills, attitudes, and values that collectively shape the judgment and behaviors essential for collaborative practice. The first two domains *Relationship-Focused Care/Services* and *Team Communication* support the other four domains including *Role Clarification and Negotiation, Team Functioning, Team Differences and Disagreements Processing,* and *Collaborative Leadership.* The competencies within each domain focus on the application of knowledge, skills, and attitudes to make decisions and guide behaviors. The following competencies for each domain are adopted from the *CIHC Competency Framework for Advancing Collaboration* (2024).

Factors Influencing Application of Competencies

Equity, inclusion and access to care/services along with the complexity of health systems and the context of the care and service settings influence the way in which the CIHC Framework and competencies are applied. To effectively collaborate, teams must be mindful of the diversity of the team members they are working with, including culture, ethnicity, race, gender, sexual orientation, age, size, religion, (dis)ability, and socio-economic position. Further, the same characteristics may have an impact on the social determinants of health, and access to health and social care and services for those seeking care. Team members must be aware of potential barriers to accessing care/services, including stigma, language, literacy, health literacy, geography, transportation, and finances. The complexity of social circumstances as well as the care/service setting (for example, co-location compared to a virtual setting) may impact the number of providers involved and the relationship of the team members to one another.



CIHC Competency Framework for Advancing Collaboration (CIHC, 2024)

[2] CIHC (2024). *CIHC Competency Framework for Advancing Collaboration 2024*. CIHC Competency Framework for Advancing Collaboration (cihc-cpis.com)

Domains and Competencies[3]

Relationship-Focused Care/Services

All team members will collaborate, coordinate and cooperate, fostering purposeful relationships among and between care/service partners and persons participating in or receiving care/services. To support relationship-focused care/services all team members will:

- grow and maintain purposeful and trusting relationships to support effective partnerships;
- provide appropriate education to, and support participation of person(s) receiving care/services and their care partners in the planning, implementation, and evaluation of care/services;
- reflect upon, value, and embed diversity of thought, beliefs, talents, literacy, and experiences of people and communities in the planning, implementation, and evaluation of care/services; and,
- share information in a culturally safe, respectful manner in such a way that is understandable, encourages discussion, and enhances participation and shared decision-making.

Team Communication

All team members will communicate with others in a cooperative, responsive, and respectful manner while mindful of the content and relational elements of the communication. To support relationship-focused team communication, all team members will:

- use effective communication strategies, including the use of shared language and avoiding jargon such as health care acronyms and medical terminology;
- listen actively and respectfully, valuing all participants, with emphasis on inclusivity, equity, and diversity;
- foster open and authentic communication accessible to all, with efforts to address potential communication barriers such as psychological harm, language, culture, or literacy and health literacy;
- utilize information and communication technology to convey the right message to the right person(s) at the right time using safe transmission processes; and,
- manage information sharing and documentation for improved understanding and consistency across the team and other teams.

Role Clarification and Negotiation

All team members understand and negotiate their own role and the roles of others, using their knowledge, skills, expertise, and values to establish and achieve collaborative relationship-focused care/services. To support role clarification and negotiation, all team members will:

- share their knowledge, skills, expertise, and values with others;
- seek to understand the knowledge, skills, expertise, and values of team members, including person(s) participating in or receiving care/service;

[3] Note: the competencies below have been modified from the *CIHC Competency Framework for Advancing Collaboration 2024*.

- recognize person(s) participating in and receiving care/services as experts in their lived experience, and drivers of their care/services and support and integrate them and their care partners as full and active team members;
- clarify their own role and that of others and adapt to support context-specific operationalization of roles;
- recognize and respect the diversity, fluidity and overlap of other health and social care roles, responsibilities, and competencies.

Team Functioning

All team members understand the nature of interprofessional teams; that team members work interdependently. Team members bring their shared perspectives to cooperate, coordinate, and collaborate toward shared goals through shared decision-making. Team functioning requires optimizing the efficiency and effectiveness of all members' time, expertise, and contributions. To support team functioning, all team members will:

- facilitate inclusion and participation of all, especially the person(s) participating in or receiving care/services, in the planning, implementation, and evaluation of care/services;
- understand the interdependence with the other competencies in team development;
- respect and apply the principles of equity, diversity, inclusion, and accessibility with an understanding of the positive impact of strong interdependence among team members on shared decision-making;
- identify a shared common purpose built on varying perspectives and values;
- respect ethical aspects of team functioning, including confidentiality, resource allocation, and professionalism;
- collectively reflect regularly on team functioning.

Team Differences and Disagreements Processing

All team members actively engage in constructively addressing disagreements. To support interprofessional team differences and disagreement processing, all team members will:

- acknowledge, recognize, and value the inevitable differences in a team that cause tension, disagreement, and conflict;
- proactively address disagreements and tension(s) among team members to prevent their escalation or unresolved conflict;
- establish a safe environment to express diverse opinions and work towards developing consensus;
- effectively address disagreements, including analyzing the causes and working towards reaching an acceptable cooperative solution.

Collaborative Leadership

All team members value each other's knowledge, skills, and expertise, and acknowledge that everyone contributes different strengths and perspectives. They value and support each other and are accountable

in sharing decision-making and responsibilities to reach common goals and achievable or desired outcomes. To support collaborative leadership, all team members will:

- promote interdependent working relationships among all team members;
- facilitate effective team processes for shared decision-making;
- create a practice culture that values all team members, and supports their physical and mental well-being;
- promote leadership development, sharing of leadership, accountability, and collaborative practice to support effective team dynamics collaborative practice, and innovation.

References

Canadian Interprofessional Health Collaborative (2024). *CIHC Competency Framework for Advancing Collaboration 2024.* https://cihc-cpis.com/new-competency-framework/

Government of Manitoba (2017). College of Registered Nurses of Manitoba General Regulations. https://web2.gov.mb.ca/laws/regs/current_pdf-regs.php?reg=114/2017

Government of Manitoba (2009). The Regulated Health Professions Act S. M. 2009, Part 3 Governance Sec 10(2)(i) https://web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=r117