

Collaborative care in health care occurs when multiple providers from different professions provide comprehensive services by working with clients<sup>1</sup>, their support networks, care providers and communities to deliver the highest quality of care across all settings. This partnership between a client 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 – Client Centered Care**

- Practitioners seek out the input and engagement of clients, integrating their information, and valuing them as partners in designing, implementing, and evaluating care/services
  - *Empowering the client*
  - *Ensuring the client is always the primary professional obligation*
  - *Each college can refer to documents here (code of ethics, conflict of interest, etc)*

#### **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 client 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*

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<sup>1</sup> For the purposes of this document "client" is defined as, but not limited to, patient, family, community and/or population

### **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 client and practitioners, whether or not a formalized team exists*
  - *Share the accountability for health outcomes with clients, 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 Registered Nurses of Manitoba, General Regulations [CRNM General Regulations](#)  
Canadian Interprofessional Health Collaborative [National Competency Framework](#)