UI Health
Interprofessional Practice and Education
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COLLABORATIVE PRACTICE – DEFINITION & KEY FEATURES

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DEFINITION

Collaborative practice is the provision of health care services that emerge from and rely on the knowledge and skills of 2 or more health or social care providers.

"Interprofessional collaborative practice" is the above with providers from different professions. "Intraprofessional collaborative practice" is the above with providers from different specialties within a profession or providers at different levels of education or autonomy within the same profession.

KEY FEATURES OF COLLABORATIVE PRACTICE

The Goals of Collaborative Practice

- Collaborative practice simultaneously achieves good patient outcomes, a satisfactory patient experience, costs that are as low as possible and a practitioner experience that is professionally satisfying and supports the personal well-being of the providers. (Bodenheimer, T., & Sinsky, C. (November 01, 2014). From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Annals of Family Medicine, 12,* 6, 573-576.)
- Collaborative Practices put patients at the center of care which helps providers focus away from their individual preferences and needs, potentially mitigating profession centric thinking and behavior.
- Team members in collaborative practice provide input, mutually monitor individual and team performance, demonstrate back up behavior and adapt behavior as needed and follow a leader's direction to achieve a team goal. Salas, Eduardo, Sims, Dana, Burke, C. (2005). Is there a "Big five" in teamwork? *Small Group Research, 36*(5), 555-599.)
- Collaborative practice takes advantage of the contributions of "core" (continuously involved) members, "connected" (involved regularly but on an as needed basis) members and "ad hoc" (involved to meet a specific need) members within and across settings.

The Good Collaborator

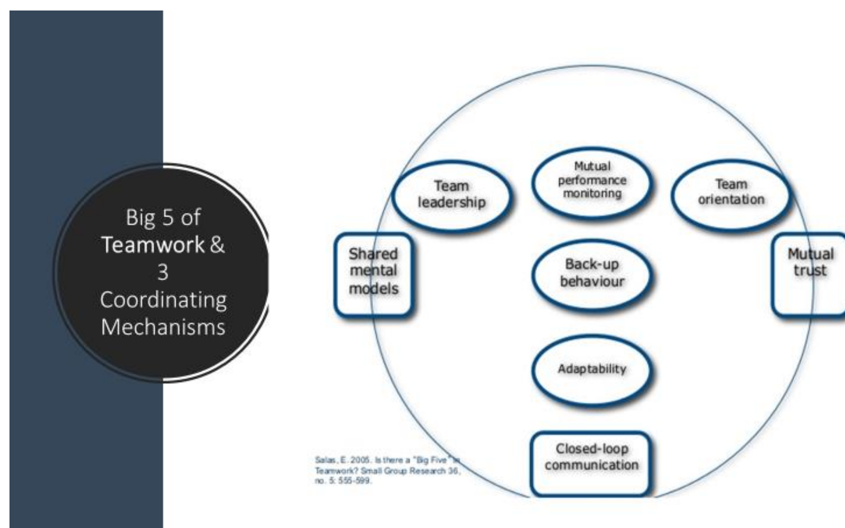
- Competencies are comprehensively defined by IPEC Core Competencies (Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.
- Collaborators work together on a level playing field free from hierarchy and power differentials.
- Collaborators have a shared mental model of their mission and goals, mutual trust and respect and effective interpersonal and technologically based closed loop communication mechanisms. (Salas, Eduardo, Sims, Dana, Burke, C. (2005). Is there a "Big five" in teamwork? *Small Group Research, 36*(5), 555-599.)
- Collaborators work effectively with whomever assumes the leader role on the team.

Facilitators of Collaborative practice

- Mutual trust and respect depend upon each provider understanding each other's roles and responsibilities, maintaining contemporary expertise, being honest and clear about motivations and goals, and delivering results. (From Stephen R. Covey – The Speed of Trust, 2006).
- Inclusion of both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, management and sanitation engineering. (WHO - Framework for Action on Interprofessional Education & Collaborative Practice 2010)

Barriers to Collaborative Practice

- The structure and regulation of the health care workforce and the structure of the current US health care system create barriers to collaborative practice. "The present division of labour between the various health professions is a social construction resulting from complex historical processes around scientific progress, technological development, economic relations, political interests, and cultural schemes of values and beliefs. The dynamic nature of professional boundaries is underscored by the continuous struggles between different professional groups to delimit their respective spheres of practice. The division of labour at any specific time and in any specific society is much more the result of these social forces than of any inherent attribute of health-related work." From Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., et al (2010) Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010-12-04, Volume 376, Issue 9756, Pages 1923-1958.
- Lack of understanding that team-based care is a bigger umbrella than collaborative practice often leads professionals to believe that because they work on teams, they practice collaboratively. However, not all teams need to be collaborative to achieve their goals. In some cases, a team leader who possesses a broad set of knowledge and skills may be the agreed upon decision maker. In other cases, the task is not sufficiently complex or is static enough that the investment in developing collaborative practice is unnecessary.
- Autonomous decision making has been a core value of health professions for over 100 years and ceding ultimate decision-making authority to patients (or their legal surrogates) is not easily overcome.



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