The What, Why, and How of Collaborative Practice

Developing skills.
Evidence and resources to support collaborative practice.
1. Welcome
Welcome to The What, Why, and How of Collaborative Practice.

This document is a print-friendly version of the elearning unit. Here you will find a screenshot of each page in the unit (left column), and a transcript of the voiceover (this column), with some modifications to make them work in a non-interactive format. While this document lacks interactivity, it may be preferred by some learners who prefer reading or who lack a robust internet connection.

2. Project collaborators
This project is a joint initiative of Alberta Health Services and the University of Alberta, in partnership with Covenant Health, and funded by Alberta Health.
3. **Elearning tips**

A few quick tips before we begin.

- Some people learn best by working in groups, while others need a quiet place to work alone. You are welcome and encouraged to work through this elearning unit with other participants if you wish.
- Set aside a specific time to complete this elearning unit, at a time of day when you feel most alert, and use the full time.
- Adjust your screen’s brightness to a comfortable reading level. If possible, sit near a source of natural light. Adjust your headset or speakers to a comfortable listening level.
- Also note that a transcript of each screen is available in the left panel. Click on “Transcript” at the top of the Menu.

4. **Learning objectives**

In this first elearning unit we’ll focus on developing a greater awareness of:

- Why developing skills for collaborative practice is important;
- The evidence to support collaborative practice; and
- Resources available for more information about collaborative practice.
5. **We’ve always worked in teams**

Teamwork is not a new concept. We’ve all worked in teams as health care providers, and while some teams are high functioning, we know other teams are not.

When teams aren’t working well together it can affect patient safety and patient satisfaction. It can also lead to decreased job satisfaction and staff may eventually leave the workplace.

Where and how do we start to address concerns about team functioning? What is your responsibility as a health care provider?

6. **Why change?**

Furthermore, why change at all? Why do we need to change how we work together?

There is evidence from the literature demonstrating that when health care providers across disciplines work together, patient safety increases and patients are more satisfied with their care. This, in turn, increases health care providers’ job satisfaction and they are more likely to stay in their job.
7. Drivers for change

There are many documents highlighting the rationale and need for collaborative practice. Here are a few of the most important ones in the Alberta context.

Many of these documents recognize that we need to educate health care providers on how to work together effectively, and support them in doing so.

See Appendix A for descriptions and links to these resources.

8. Drivers for change

Alberta has a provincial framework that outlines actions for each of the partners. It is important that we all have the same vision and work towards the same goal.
9. **Intersectoral support**

It’s also important to note that the government, professional and regulatory associations, health professional organizations, and health professional educators are all committed to developing health care providers with the skills to work collaboratively to provide optimal patient care.

See Appendix B for the list of organizations listed on this slide.

10. **What can we do?**

And so now, if we believe collaborative practice skills are important, and that evidence exists to support this, what can you as a health care provider do to enhance your current practice?

The key is developing and using skills in a very intentional way. There are several collaborative practice tools that can support you in your role as a care provider. You will have an opportunity to learn and practice these tools in later modules.
11. Review
Let’s review what we’ve learned in this unit.
- We’ve always worked in teams, but haven’t always had the tools to function well.
- Poorly functioning teams affect patient safety, patient satisfaction, job satisfaction, and staff recruitment and retention.
- There are many forces driving the change towards collaborative practice, including Alberta’s framework for change.
- To enhance our current practice we need to intentionally develop and use collaborative practice tools.

12. Reflection
Now take a moment and reflect on these questions or discuss them with your colleagues.
- How would you explain, in your own words, why collaborative practice is important?
- What further knowledge do you need to improve your competence in collaborative practice? How will you go about obtaining that knowledge?
13. Thank you

Thank you for completing The What, Why, and How of Collaborative Practice. Please proceed to the next elearning unit.

For more information about collaborative practice and this elearning unit, please visit the Virtual Interprofessional Educator Resource (VIPER):

http://www.hserc.ualberta.ca/TeachingandLearning/VIPER/

14. Acknowledgements

See Appendix C for acknowledgements and image credits.
Appendix A: Drivers for change


The *Framework* document aims to align the interprofessional practice work occurring across provinces into a single model with a common set of principles. The *Workplan* companion document outlines priority actions for government, education partner, professional bodies and service delivery organizations to support collaborative practice.


In Canada, the Accreditation of Interprofessional Health Education (AIPHE) initiative has developed principles and standards to ensure that interprofessional education (IPE) standards are integrated into the accreditation programs of participating pre-licensure programs. AIPHE is a national collaborative of eight organizations that accredit pre-licensure education for physical therapy, occupational therapy, pharmacy, social work, nursing, and medicine in Canada.


The CIHC competency framework focuses on the ability to integrate knowledge, skills, attitudes, and values in arriving at judgments in support of interprofessional collaboration.

This document presents a set of interprofessional collaborative competencies intended to guide interprofessional education in the US. It is “inspired by a vision of interprofessional collaborative practice as key to the safe, high quality, accessible, patient-centered care desired by all.”


This video makes the case for thinking differently about competence in health care. Dr. Lingard argues for a shift in emphasis to how practitioners work competently together – within and between teams – and the impact that acting on this shift in thinking can have on care outcomes.


This report speaks to the challenges that team members encounter related to communication around conflict and the impact of this challenge on patients and staff.


The Commission for the Future of Health Care in Canada, or the Romanow Commission, investigated the status of health care in Canada and made recommendations for change. It is one of the first reports in Canada that highlights the importance of interprofessional education and learning for health care professionals. The report identifies interprofessional education as one key focus in building a more efficient health care system that meets the needs of Canadians.

The University of Alberta's competency framework offers a guide for building interprofessional learning outcomes into classroom and clinical/practical learning experiences. The competency contains four core interprofessional competencies: communication, collaboration, role clarification, and reflection.


The report identifies the mechanisms that shape successful collaborative teamwork and outlines a series of action items that policy-makers worldwide can apply within their local health system. Users of this global framework are encouraged to adapt it to fit their needs in a local level by: “examining their local context to determine their needs and capabilities; committing to building interprofessional collaboration into new and existing programmes; [and] championing successful initiatives and teams” (13).
Appendix B: Intersectoral support for collaborative practice

A few examples from Canada and Alberta.

- Governments: Health Canada, Alberta Health
- Health care organizations: Alberta Health Services
- Educational institutions: University of Alberta
- Education accreditation bodies: Accreditation of Interprofessional Health Education Initiative (AIPHE)
- Quality improvement organizations: Canadian Patient Safety Institute
- Practitioners and patients
- Professional and regulatory bodies:

  Alberta College of Family Physicians (ACFP)  
  Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT)  
  Alberta College of Occupational Therapists (ACOT)  
  Alberta College of Paramedics (ACP)  
  Alberta College of Pharmacists (ACP)  
  Alberta College of Social Workers (ACSW)  
  Alberta College of Speech Language Pathologists and Audiologists (ACSLPA)  
  Alberta Dental Association and College (ADA+C)  
  Alberta Medical Association (AMA)  
  Alberta Therapeutic Recreation Association (ATRA)  
  Canadian Anesthesiologists’ Society (CAS)  
  Canadian Association of General Surgeons (CAGS)  
  Canadian Association of Medical Radiation Technologists (CAMRT)  
  Canadian Association of Occupational Therapists (CAOT)  
  Canadian Association of Social Workers (CWS)  
  Canadian Dental Assistants’ Association (CDAAA)  
  Canadian Dental Association (CDA)  
  Canadian Dental Hygienists Association (CDHA)  
  Canadian Dermatology Association (CDA)  
  Canadian Medical Association (CMA)  
  Canadian Nurses Association (CNA)  
  Canadian Pediatric Society (CPS)  
  Canadian Pharmacists Association (CPA)  
  Canadian Physiotherapy Association (CPA)  
  Canadian Practical Nurses Association (PN Canada)  
  Canadian Psychiatric Association (CPA)  
  Canadian Psychological Association (CPA)  
  Canadian Society for Exercise Physiology (CSEP)  
  Canadian Society for Medical Laboratory Science (CSML)  
  Canadian Society for Respiratory Therapists (CSRT)  
  Canadian Therapeutic Recreation Association (CTRA)  
  College and Association of Registered Nurses of Alberta (CANA)  
  College and Association of Respiratory Therapists of Alberta (CARTA)  
  College of Alberta Dental Assistants (CADA)  
  College of Alberta Psychologists (CAP)  
  College of Dietitians of Alberta (CDA)  
  College of Family Physicians of Canada (CFPC)  
  College of Licensed Practical Nurses of Alberta (CLPNA)  
  College of Medical Laboratory Technologists of Alberta (CMLTA)  
  College of Physicians and Surgeons of Alberta (CPSA)  
  College of Registered Dental Hygienists of Alberta (CRDHA)  
  College of Registered Psychiatric Nurses of Alberta (CRPNA)  
  Dietitians of Canada (DC)  
  Paramedic Association of Canada (PAC)  
  Physiotherapy Alberta College and Association (PT Alberta)  
  Psychologists Association of Alberta (PAA)  
  Registered Psychiatric Nurses of Canada (RPNC)  
  Royal College of Dentists of Canada (RCDC)  
  Royal College of Physicians and Surgeons of Canada (RCPSC)  
  Society of Alberta Occupational Therapists (SAOT)  
  Society of Obstetricians and Gynecologists of Canada (SOGC)  
  Speech-Language and Audiology Canada (SAC)
Appendix C: Acknowledgements

These materials were produced for Better Teams, Better Care: Enhancing Interprofessional Care Processes through Experiential Learning (Interprofessional Care Processes Project).

This project is a joint initiative of Alberta Health Services and the University of Alberta, in partnership with Covenant Health, and funded by Alberta Health.

Thank you to all the people and organizations who supported and encouraged this project in countless ways.

For further information about this initiative, please contact the project co-leads: Dr. Sharla King (780-492-2333; Sharla.King@ualberta.ca) and Dr. Esther Suter (403-943-0183; Esther.Suter@albertahealthservices.ca).

For more information about collaborative practice and this elearning unit, please visit the Virtual Interprofessional Educator Resource (VIPER): www.hserc.ualberta.ca/TeachingandLearning/VIPER/

These materials were published on May 1, 2015.

© 2015 Alberta Health Services and University of Alberta

Image Credits