

Collaborative Practice

7 ESSENTIAL ELEMENTS OF COLLABORATIVE PRACTICE

1. Cooperation
2. Assertiveness
3. Autonomy
4. Responsibility/Accountability
5. Communication
6. Coordination
7. Mutual Trust and Respect

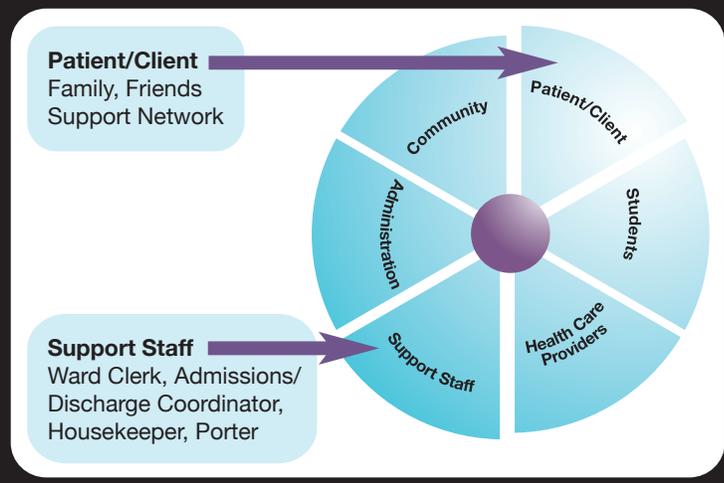
This module has been developed by the Office of Interprofessional Education & Practice and the South Eastern Interprofessional Collaborative Learning Environment (SEIPCLE) project to introduce a common understanding and language for collaborative practice to support the development of improved collaboration within health care teams.

WHY COLLABORATIVE PRACTICE?

Recent studies and reports indicate a growing consensus that interprofessional collaborative patient-centered practice, across all health sectors and along the continuum of care, contributes to:

- * improved recruitment and retention of health care providers
- * improved patient safety and communication among health care providers
- * more efficient and effective employment of health human resources
- * improved satisfaction among patients and health care providers
- * improved population health / patient care
- * improved access to health care

Members of the Health Care Team Circle Diagram



WHAT IS COLLABORATIVE PRACTICE?

“An Interprofessional process for communication and decision making that enables the separate and shared knowledge and skills of care providers to synergistically influence the client/patient care provided.” - Jones & Way, 2000.

REFERENCE/ CREDITS:

1. Way D, Jones L, Busing N. Implementation Strategies: “Collaboration in primary care – family doctors & nurse practitioners delivering shared care”. Discussion paper for the Ontario College of Family Physicians. 2000: 1-10.
2. Norsen L, Oplen J, Quinn J. “Practice Model Collaborative Practice”. Critical Care Nursing Clinics of North America 1995; 7(1): 43-52.

HOW COLLABORATIVE PRACTICE IS ACHIEVED?

Collaborative Practice is achieved by understanding the shared and separate contributions provided by each member of the health care team in the development of a focused plan of care for the patient. Collaborative relationships are not hierarchical or dependent on supervision of one group by another.

PRACTICE SETTING VARIABLES

As health care providers, we know the benefits of working collaboratively. However, working collaboratively is not always easy. Each setting of care has local, distinct, and multiple factors that can either support or be a barrier to collaborative practice. These are referred to as Practice Setting Variables and fall into 4 categories; provider variables, patient variables, organizational variables and systemic variables.



Office of Interprofessional Education and Practice

Integrating Health Sciences Across the Continuum

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