THE COLLEGE OF AUDIOLOGISTS AND SPEECH – LANGUAGE PATHOLOGISTS OF MANITOBA

PRACTICE DIRECTION:
INTERPROFESSIONAL COLLABORATIVE CARE

REGULATED HEALTH PROFESSIONS ACT SECTION 85

BACKGROUND:

The College may issue Practice Directions in respect of the practice of a regulated health profession, (RHPA: Section 85).

These Practice Directions may be stand alone documents or may enhance, explain, add to or guide registrants of the College with respect to subject matters described in the regulations, code of ethics, or other College documents.

A registrant of the College must comply with practice directions for the registrant's health profession, (RHPA: Section 86).

Official College documents such as Practice Directions contain practice parameters and standards which must be considered by all Manitoba audiologists and speech – language pathologists in the provision of health care service to their clients in the practice of the professions. College documents are developed in consultation with the professions and describe current professional expectations. It is important to note that these College documents may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Hence, registrants shall comply with this and all Practice Directions, all applicable sections of the RHPA and the General Regulation, by-laws, and the Code of Ethics. Failure to comply is professional misconduct. In the event of any inconsistency between this Practice Direction and any legislation that governs the practice of audiology and speech-language pathology, the legislation governs.

INTERPROFESSIONAL COLLABORATIVE CARE

I. DEFINITIONS

Client: defined as, but not limited to, patient, family, community and/or population.

II. RATIONALE

Interprofessional collaborative models for health service delivery are critical for improving access to client-centred health care in Canada. The responsiveness of the health system can be strengthened through effective collaboration among health professionals, regulators, educators and professional associations. Evidence demonstrates that interprofessional collaborative patient-centred practice can positively impact current health issues such as: wait times, healthy workplaces, health human resource planning, patient safety, rural and remote accessibility, primary health care, chronic disease management and population health and wellness.

III. COLLABORATIVE CARE LEGISLATION

The RHPA, Section 10(2) states a college has the following mandate:

(i) to promote inter-professional collaboration with other colleges.

The CASLPM General Regulation, Section 5.3(1) states a member must prepare a client's treatment plan:

b. as circumstances require, by working collaboratively with other health care professionals and others who provide care to the client to provide comprehensive care and avoid duplication of services.

The CASLPM General Regulation, Section 5.4 states when a member and one or more other health care providers are involved in the health care of the client, the member must:

a. treat the other health care providers with respect;

b. recognize the knowledge, skills, competencies and roles of the other health care providers and communicate effectively and appropriately with them; and

c. explain to the client the member's role and responsibility in the client's care.

The CASLPM General Regulation, Section 5.5(1) states a member must:

d. Refer the client to another health care professional when treatment or care is beyond the member's scope of professional practice or competence.

IV. PERFORMANCE REQUIREMENTS

Collaborative care in health care occurs when multiple providers from different professions provide comprehensive services by working with clients, 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*

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*

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 solutio*

III. REFERENCES

World Health Organization. (2010). Framework for action on interprofessional education and collaborative practice. Retrieved from http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf

CNA Position Paper Interprofessional Collaboration 2011

Regulated Health Professions Act Part 3 Governance Sec 10(2) (i)

CASLPM General Regulation, Sections 5.3, 5.4, 5.5

Canadian Interprofessional Health Collaborative National Competency Framework

APPENDIX A

INTERPROFESSIONAL COLLABORATION SCENARIOS

Introduction

Each example will indicate a situation, identify competencies used in bold and discuss solutions. The following examples may contain more than one competence from the framework and there are overlapping competencies.

Conflict Management

Situation

> A team in a small Community Health Centre has an interprofessional team made up of physicians, nurses, dietitians, occupational therapists, and social work. The team feels that people are treated equally, except for one particular situation. There is a high incidence of diabetes in the community and the centre has developed an education program to address this. The social worker, dietitian, nurse practitioner, occupational therapist, and physician all have a role to play in the workshop. But it seemed that the time of the physician and nurse practitioner was more valuable. The social worker, dietitian, and occupational therapist were the ones who had to do all the advertising, room set up, getting refreshments ready and cleaning up after the workshop. The physician and the nurse practitioner came in for a few minutes, presented their part of the workshop, and then left. The routine tasks are not something the physician and nurse practitioner volunteer to do, nor are they directly asked to help with. The team has regular monthly meetings to discuss workplace concerns or issues.

Solution

> The team decides to redistribute the workload, which validates the value of each team member's time, and agrees to revisit after the next time the education program is offered**. (Develop a level of consensus).** The team members realize they all have client care responsibilities that are of equal value.

Competencies

> The social worker and dietitian identify this issue for the rest of the team. Each team member **respectfully shares** how they are feeling, and the associated workload attached to the education program. All team members listen to each other's perspectives to **better understand** their position on the situation and ask clarifying questions.

Role Clarity

Situation I

> A client with diabetes presents to the emergency department with an entrance complaint of painful right heel. The licensed practical nurse assesses the client and determines that the client has a large, 2 cm, ulcer on the right heel. The licensed practical nurse learns from the client and his family that his blood sugars are not well controlled, and any member of his health care team has not seen him for several months.

he family is committed to supporting the client as long as they are provided the appropriate information/supports. The family expressed confusion about knowing which health care professional to approach with concerns.

Competencies and Solution

The team **communicates** their **roles** and findings with the client and family. The licensed practical nurse communicates the assessment results to the physician assigned to the client and initiates appropriate referrals. The dietitian meets with the client and family to review and make nutrition recommendations. The occupational therapist learns that the client does not have appropriate footwear or walking aides and is not mobilizing to his potential. The occupational therapist assists the client and family in accessing appropriate supports. The social worker reviews the team notes and determines that at this time services are not required. The client is discharged with information and confidence in the care plan. Follow up is arranged in the community.

Situation II

A hospital pharmacist had been a member of a collaborative team consisting of a physician, registered nurse, occupational therapist, and physiotherapist, for many years. The team's workload increased significantly in recent months, and the physician asked the pharmacist to write all prescriptions and provide them as "verbal order" prescriptions on behalf of the physician, to the hospital pharmacy and patients' community pharmacies upon discharge.

Solution

The pharmacist had a discussion with the physician about this request, as the pharmacist did not have his expanded scope designation and was not legally permitted to write these prescriptions or provide verbal orders on behalf of the prescriber to community pharmacies.

Competencies

The following competencies are applicable to this situation:

- Recognize one's limitations in skills, knowledge and abilities
- Communicate one's roles and responsibilities clearly to other professionals
- Use 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

Team Functionality

Situation I

Clients with mental and physical health issues attend a Community Health Centre where they access various services. These clients assume that pertinent health information is shared between professions within their circle of care. Recently, there have been reported issues with communication. For example, clients have verbally reported prior visits to Crisis Stabilization Unit yet, these records have not been available and have affected the continuity of care.

Solution

This Community Health Centre has been facilitating interprofessional collaboration by utilizing integrated client record and integrated client goal sheets. The Centre reached an agreement with the Regional Health Authority regarding the Personal Health Information Act that has allowed for an integrated primary health care and mental health record.

All progress notes, assessments, consultations and client plans are now being used by the complete primary health care team. The team also uses an integrated client goal sheet that documents client driven goals to further assist with the continuity of care. These records are complemented by integrated case meetings where complex client case issues are discussed and care is coordinated.

Competencies

This solution utilizes the following competencies:

- Engages health providers in shared client centered problem solving
- Integrates the knowledge and experience of health care professions to inform health care decisions while respecting client values/priorities
- Respects team ethics including confidentiality, resource allocation and professionalism
- Trusts and mutual respect guide team dynamics and interactions

Situation II

A pharmacist recently joined a patient care team on a cardiology unit of a hospital. The team consists of two physicians, a nurse practitioner, registered nurse, occupational therapist, physical therapist, and a social worker and had not previously had a pharmacist working as part of their team.

Solution

The team had a meeting when the pharmacist first joined the team, to discuss how the pharmacist can best integrate with the team in order to optimize patient care. Following this discussion, the pharmacist began rounding with the team each day in order to assess medication regimens and identify any possible drug interactions or adverse events the patients were experiencing as a result of the medication they were taking. The pharmacist also took the lead on patient medication counselling at the time of discharge and coordinated with community pharmacists to ensure patients received the correct medications upon discharge from the hospital.

Competencies

The following competencies are included in the situation and solution:

- Integrate the knowledge and experience of health and other professions to inform health and care decisions while respecting patient and community values and priorities/preferences for care
- Engage and effectively facilitate respectful interactions among team members
- Establish and maintain effective and healthy working relationships with client and practitioners, whether or not a formalized team exists

Communication

Situation I

Reporting critical result regarding a patient's test result

A medical laboratory technologist (MLT) has just completed processing a Complete Blood Count (CBC) request from the Recovery Room. The results indicate that the platelet count is critically low resulting in the need for the MLT to follow the protocol for critical results. The MLT checks to ensure that the sample received is not clotted which could result in a falsely low result.

The protocol requires that the MLT report the result immediately, document the procedure and request another sample to verify that the result is "a true value."

The MLT calls the ward and provides the platelet value to the ward clerk and indicates that the value is critically low. The ward clerk hangs up before the MLT is able to get the ward clerk's name (for documentation that the critical value has been reported) and before requesting another sample.

Solution

The MLT phones back and another individual answers the phone. The MLT explains the situation and asks to speak to the original clerk. The individual to which the MLT is currently speaking does not understand the MLTs request. The MLT asks to speak with the nurse in charge of the patient.

When the nurse comes to the phone, the MLT explains the situation, provides the critical value to the nurse requests the name of the nurse and asks for another CBC sample to be sent to the lab immediately to verify the results.

Following this situation, the MLT documents the communication requirements for critical result management and has a discussion with the staff on the unit to understand the communication processes.

Competencies

The following competencies are included in the above situation:

- Choose effective communication tools and techniques, including information systems and communication technologies to facilitate discussions and interactions that enhance team functions
- Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity and respect, working to ensure common understanding of information, treatment, care decisions and population health programs and principles

Situation II

Communicating with the client

The eating disorders treatment team in a large urban centre involves a psychiatrist, dietitian, mental health professionals such as registered psychiatric nurses, psychologists, occupational therapists, and family therapists (social workers) as well as the client and their family.

The team works together to provide care on an individual and group basis. A client currently attending the day hospital program is at the weight recovery stage of their therapy, having difficulty reaching their assessed healthy weight range. The client meets with the registered psychiatric nurse therapist alone and begins to negotiate a change in the targeted weight.

Solution

The registered psychiatric nurse therapist and dietitian meet with the client together to review progress, assess healthy weight range, weight history, and to provide the rationale for healthy weight range as well as review symptoms and resolution of symptoms.

Competencies

The following competencies are included in the situation and solution:

- Establish common understanding of information, treatment, care decisions and programs and policies
- Establish and maintain effective and healthy working relationships with client and practitioners
- Actively listen to other team members, including the client

Client Centered Care

Situation

Providing International Normalized Ration (INR) result directly to a client on stabilized Coumadin.

Over the past couple of years, a small community laboratory routinely collects a sample to monitor a client's INR. The client indicates that he will be seeing his doctor later in the day and asks if the result will reach his doctor's office by his scheduled appointment time. The MLT indicates that it will take about 1 hour for the result to be available but that the Laboratory Information System (LIS) is down for the day so the physician's office will not receive the result until the LIS is back up. The client asks if the result can be given to him if he waits. The MLT confers with the physician to confirm the results will be provided directly to the client.

Solution

After completing the testing, the MLT provides the client with the result to give to his doctor. The MLT also faxes the result so that the physician has the result in hand when the client arrives for his appointment.

Competencies

The following competencies are included in the above situation:

- Places interests of clients and populations at the center of interprofessional health care delivery and population health programs and policies with the goal of promoting health and health equity across the life span

Collaborative Leadership

Situation

A client is on a post-stroke unit recovering. They are nearing discharge and wish to return to independent living and work. Family is concerned about how the client will manage.

Solution

There is a team meeting to get input from the various professionals as to the status of the client and to make a decision regarding discharge. The team is led by the nurse-manager of the unit. The nurse-manager envisions that all clients can achieve their maximum level of function.

Input is sought from:

- the physiotherapist regarding walking and transfers,
- the occupational therapist regarding level of function for ADLs such as basic food preparation and necessary equipment to promote safety,
- the physician regarding stability of the patient's comorbid conditions, and
- the pharmacist regarding medication interactions and alerts.

There is discussion regarding what supports the client will require upon discharge, and the follow up recommendations to the client and family physician. The family will be actively involved in the discharge planning, with the nurse meeting with the family to discuss discharge planning.

Competencies

The solution includes the following competencies:

- Facilitates effective team processes and decision making
- Effectively draws on the strength of all team members
- Inspires and empowers the client, family, and team members to optimize health, as defined by the client
- Visionary but invites input of team members to achieve a common goal