



## What does it mean to work in Collaborative Practice?

Collaborative practice lies at the heart of primary care reform. The best example of how collaborative practice works is exemplified in the model of the Community Health Centre or CHC. The CHC's mandate is to enhance health and enhance individual and community health through a Board of Directors elected by the community, an executive director and a team of salaried physicians, nurse practitioners and nurses. Other staff may include a dietician, a physiotherapist, a counsellor or any number of other allied healthcare professionals.

Collaborative practice can be defined as 'an inter-professional 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.' A foundational component of collaborative practice is 'equality' within the team framework and not 'hierarchy'.

Structures, systems and processes within the collaborative practice model are designed to facilitate co-operation, co-ordination and teamwork. Collaborative practice promotes the right balance of empowerment and accountability resulting in high staff satisfaction rates. Team performance is characterized by creativity and innovation where trust is the glue and individuals on the team have a real sense of purpose. Thus elements for successful collaboration include: responsibility, accountability, co-ordination, communication, co-operation, assertiveness, autonomy, mutual trust and respect.

The benefits to the patient in engaging the collaborative practice model include:

- 'one-stop shopping',
- easier access to a wide variety of health-care services,
- options when one's primary provider is absent and
- more choice of appropriate providers to meet one's health-care needs.

Additional benefits to team members include:

- sharing the burden of challenging and complex clients,
- with the full skill sets of the team being utilized and realized,
- a direct path for referrals and consultations with other in-house disciplines and
- the benefits of ongoing learning opportunities for all team members.

Despite the tremendous benefits of collaborative practice models, there are still significant barriers to surmount. According to Dr. Dona Bowers, a family physician at the Somerset West Community Health Centre in west-end Ottawa, 'We've written the book on collaborative care, but no one is reading it.' Dr. Bowers states that 'we're still educating health-care professionals in silos,' failing to recognise the important roles played by nurse practitioners and other appropriately trained providers that enable us to maximise all of our health human resources. Formal education of health-care professionals around collaborative patient-centred practice as well as informal education to help team members understand the scope of practice of their colleagues is essential.

Multi-disciplinary teams are all about providing the client with the services they need delivered by the person(s) best suited to providing that care. But beyond this, multi-disciplinary teams mirror (on the

provider side) the complexity of the health issues experienced by the client. The multi-disciplinary team approach acknowledges that the health of an individual is intricate and multi-dimensional. As such, the team provides a range of services and skills that are best suited to deal with the complexity of the client's reality. Acute care needs are seen as only one dimension and the client benefits from the care and synergy arising from the confluence of expertise brought to bear by other providers working within the team. Preventive health issues are addressed as well as health promotion. Mental and psycho-social issues are addressed. In the end, the total is greater than the sum of the parts.