Collaborative Care: Practice Advice for Registered Nurses and Nurse Practitioners

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Purpose

This practice advice provides guidance to **REGISTRANT(S)**[1] practising in diverse roles and settings and working in **COLLABORATION** with **CLIENTS**, their caregivers and other members of the **HEALTH-CARE TEAM** to provide effective, high-quality care through high-functioning collaborative teams.

This document complements existing CRNA standards and guidance. It does not replace regulatory requirements or create additional obligations. Registrants remain responsible for meeting all applicable CRNA standards, code of ethics and legislative requirements. Registrants remain accountable to practice setting policies that further direct collaborative care activities.

The purpose of this guidance is to support registrants in applying the guiding principles of collaborative care: a person-centred approach, team communication, role clarification, team functioning, collaborative leadership and addressing team differences or disagreements.

Introduction

Collaborative care is an approach where registrants work in a health-care team to provide high-quality, safe, **PERSON-CENTRED CARE**. It can improve **COORDINATION** and continuity, support effective use of resources and enhance care experiences for both people receiving care and providers.

Collaborative care occurs in both dynamic and established team environments. Some teams are formed around a particular care episode and may involve many providers contributing to care alongside each other. Other teams work together more consistently over time, developing negotiated roles and established approaches to care. The guiding principles presented here are intended to support registrants working across a wide range of team structures, relationships and practice settings. Collaborative practice involves both shared

[1] Words and phrases displayed in BOLD CAPITALS upon first mention are defined in the Glossary.

accountability for team outcomes and individual accountability for professional judgment, decisions and regulatory obligations.

The examples, tools, frameworks and resources throughout this document are provided to support learning, reflection and discussion. Health-care teams are encouraged to develop a shared understanding of the processes, language and tools that best support collaborative care within their specific practice setting.

This document focuses on how providers work together, and the CRNA's *Coordination of Care: Practice Advice* focuses on how care is organized and connected. The two practice advice documents are complementary and can be used together to support safe, integrated and person-centred care that is accessible across providers, settings and services. This document will be updated as practice evolves.

Guiding Principles

A Person-centred Care Approach

A person-centred care approach requires collaboration amongst the client, their caregivers, the registrant and other members of the health-care team. Registrants should be prepared to suggest ways the client and their caregivers can participate, recognizing that they may not understand how they can contribute.

When providing a person-centred care approach, registrants:

- Seek to understand the individual circumstances, preferences, communication needs, and health goals of the client.
- Support the participation of the client and their caregivers (with the client's consent) in the design, planning, implementation and evaluation of their care.
- Share information in ways that are understandable and supportive of informed participation in decision making.
- Recognize and respond to factors that may affect a client's ability to participate in collaborative care, including access to services, health literacy and determinants of health.
- Provide education about the collaborative approach and provide the client with information about who will be on their health-care team, where appropriate.

Example: With the client's consent, the registrant includes caregivers in discussions ensuring that people can ask questions and participate in care decisions.

Team Communication

Communication is central to collaborative practice building trust, shaping team culture and aligning efforts toward shared goals. Communication is more than sharing information, it is a

relational process that builds respect, supports shared decision making, and influences team attitudes and performance.

Practice settings may offer different opportunities for formal and informal team communication. Registrants ensure that their communication practices reflect safe, ethical and person-centred care across all domains of practice.

When communicating within a collaborative team, registrants:

- Listen actively and respectfully and ask clarifying questions when necessary.
- Use shared language and avoid or explain profession-specific jargon.
- Provide and seek constructive feedback with team members to reflect on performance, reinforce teamwork and identify opportunities for improvement (see Figure 1. The Experience Cube).
- Contribute to formal or informal team processes when possible, such as check-ins, huddles and debriefs (see External Resources for example guides).
- Use data-sharing tools and communication technologies appropriately in accordance with legislation and taking into account practice setting policies and client privacy.
- Manage documentation and information exchange to support clarity, consistency and continuity of care across teams (see *Documentation Standards).*

Figure 1. The Experience Cube

The Experience Cube is a tool that can help registrants give and receive feedback. Structuring effective feedback in a way that separates the experience from judgement can help build rapport and lead to a positive discussion.

Feedback should be a two-way conversation with questions, clarifications, and agreement on next steps.

I observe: "I noticed...", "I heard you say..."
I think: "I believe that was...", "I think it is..."
I feel: "I'm pleased...", "I'm concerned..."
I want: "I need...", "I hope..."

Adapted from the Experiece Cube by G. Bushe, as presented in *Experience Cube Guide to Effective Feedback* by Health Quality BC. (2017). https://healthqualitybc.ca/wp-cont/uploads/Experience-Cube-Guide-to-Effective-Feedback.pdf

Example: A registrant provides feedback by saying, "I heard the ideas you shared during the team huddle however, I noticed you spoke over a couple of people, and I was concerned that they couldn't share as well. I believe this can lead to a decrease in willingness to speak up during huddles and I want everyone to have a voice on our team."

Role Clarification

The *Health Professions Act* (HPA, 2000) sets the legislative framework for regulated health professions. It uses a model of overlapping scopes of practice in which no profession has exclusive ownership of a **RESTRICTED ACTIVITY** or **HEALTH SERVICE**. Practice setting requirements further direct role expectations within the practice setting. Effective collaboration therefore requires mutual understanding, respect and clear communication about roles. Registrants support all team members in using their knowledge and skills fully to provide care.

When providing and seeking role clarification, registrants:

- Clearly communicate to other team members, their scope of practice, knowledge, skills and **COMPETENCE**.
- Recognize the limits of their own competence and seek consultation, guidance or support when required.
- Seek to understand the scope of practice, knowledge and skills of other team members, including any setting specific roles, responsibilities or policies that may influence their contributions to care.
    - See External Resources for example descriptions of health-care team roles; however, beyond job descriptions, role clarification should consider individual competence and the specific care situation.
- Recognize and respect the contributions of health, social and community providers involved in supporting the client's goals and needs.
- Work together to determine the most appropriate provider to meet the client's needs.
- Support the client to understand team roles and their own collaborative role.

Example: Several team members can gather and document a client's health history. The team decides who will complete different parts of the health history based on the member's role and relationship with the client to avoid duplication and support coordinated care.

Team Functioning

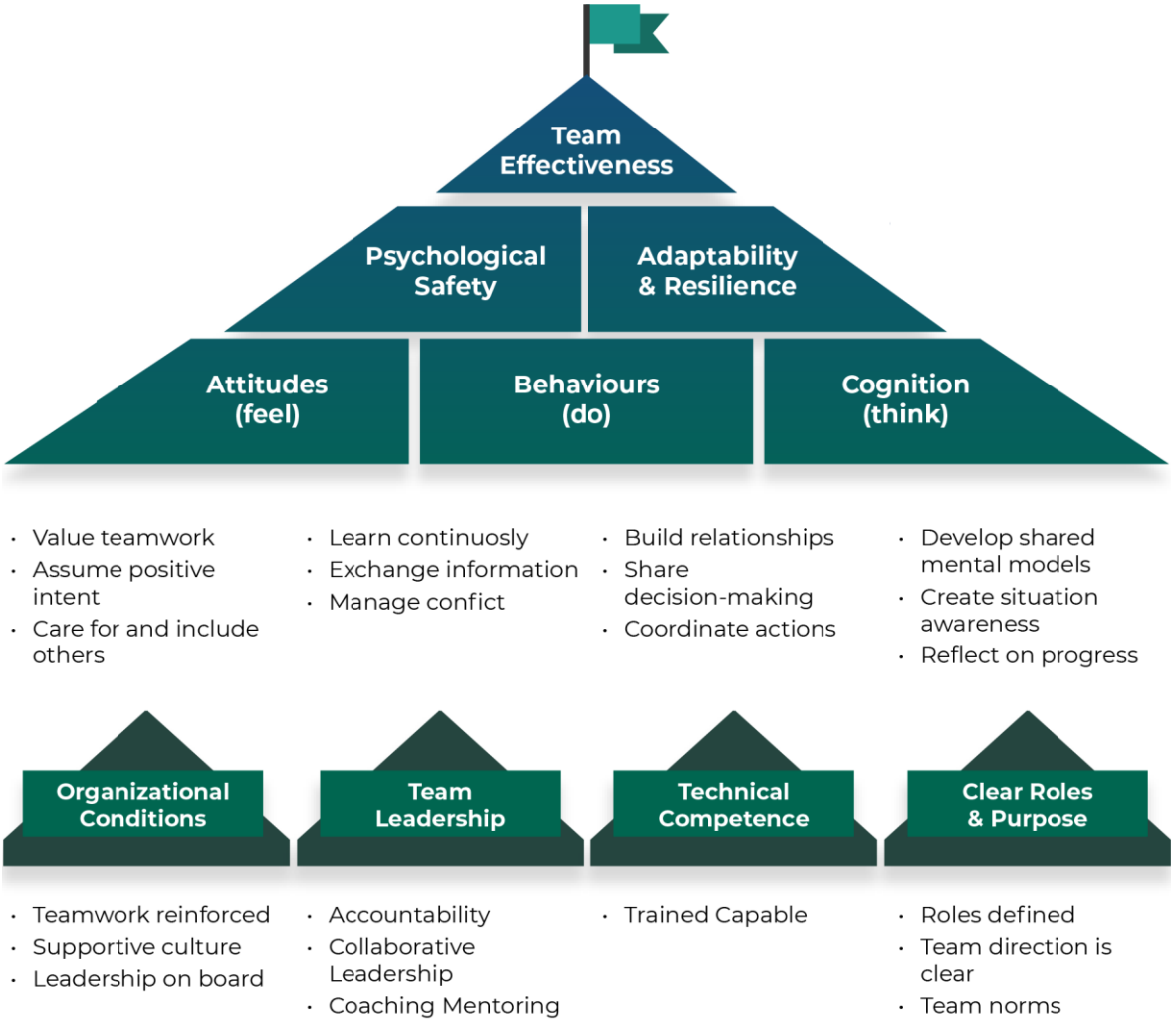
Effective team functioning is characterized by mutual respect, belonging and shared purpose (see Figure 2. *Team Functioning Visual*). **PSYCHOLOGICAL SAFETY** is both a facilitator and an indicator of high-functioning teams. It refers to a shared belief that team members can raise concerns, ask questions, admit uncertainty and offer ideas without fear of negative consequences. Psychological safety leads to better team and safety outcomes, such as improved information exchange and knowledge sharing, a greater intent to report errors and norms that support speaking up and being heard (Laplante et al., 2025).

When supporting team functioning, registrants:

- Co-create and uphold a team environment that promotes belonging and psychological safety (see External Resources for example toolkits).

- Contribute to and uphold shared purpose, values and team norms.
- Work collaboratively in problem solving, decision making, care planning and evaluating.
- Maintain individual accountability for their professional judgment, decisions and compliance with regulatory requirements.
- Adapt team processes as client needs and contexts evolve.
- Reflect both individually and collectively on team processes and outcomes.
- Identify organizational, operational and practice setting factors that influence team functioning and participate in continuous **QUALITY IMPROVEMENT**, where appropriate.

Figure 2. Team Functioning Visual



Adapted from Overcoming challenges to a teamwork in healtchare: A team effectiveness framework and evidence-based guidance, by S. Zajac, A. Woods, S. Tannenbaum, E. Salas, and C. L. Holladay. (2021). *Frontier in Communication*, 6. https://doi.org/10.3389/fcomm.2021.606445

Example: A team member raises a concern about the client's care to the registrant. The team member is mistaken, and the concern doesn't require action. The registrant makes sure not to take the concern personally or make the team member feel badly about being incorrect. Instead, the registrant thanks them for speaking up, asking questions and opening a conversation.

Collaborative Leadership

Collaborative leadership is the intentional practice of motivating teams toward shared goals while fostering accountability, psychological safety and effective teamwork. Leadership can be exercised by those in formal leadership positions or by any team member who steps forward when needed. Collaborative leaders encourage all team members to participate and respectfully negotiate their roles. They shape communication processes and create environments characterized by openness, knowledge sharing, and ongoing reflection and learning. Collaborative leadership extends beyond task management to creating the conditions that enable collaborative practice.

To support collaborative leadership, registrants:

- Clarify goals, roles and person-centred outcomes to align team efforts.
- Share leadership intentionally, recognizing leadership roles that are assigned and leadership that emerges in response to the needs of the situation.
- Model respectful communication, shared decision making and effective team processes.
- Demonstrate personal accountability for professional judgment, decisions and actions while contributing to shared accountability for team outcomes.
- Engage in constructive processing of team differences and disagreements.
- Contribute to team learning, quality improvement and innovation by sharing knowledge, supporting others and participating in leadership activities when opportunities arise (see External Resources for example toolkit).

Example: A team member identifies an opportunity to improve a team process. The registrant encourages discussion of their idea, supports testing potential solutions and helps the team learn from the results.

Addressing Team Differences and Disagreements

Differences and disagreements are a normal part of teamwork. When addressed constructively, disagreements can encourage reflection, generate new ideas and alternative solutions, and strengthen team functioning. Registrants aim to maintain respectful working relationships and prevent unresolved disagreements. (see Table 1. *Addressing Team Differences or Disagreements*).

To address team differences and disagreements, registrants:

- Uphold an environment where all team members can raise concerns, ask questions and share different perspectives.
- Recognize that differences and disagreements can lead to improved understanding and better solutions.
- Seek to understand others' perspectives by asking questions and actively listening.
- Examine the causes of disagreement directly and professionally to prevent unresolved disagreement.
- Work towards collaborative solutions in the best interest of team function and the client receiving care.
- Escalate unresolved concerns through established channels when collaborative efforts have not resolved issues that may compromise safe, ethical or person-centred care.

Table 1. Addressing Team Differences or Disagreements

DESC	
A constructive approach for managing conflict	
D	**D**escribe the specific situation or behaviour, provide concrete data
E	**E**xpress how the situation makes you feel, what your concerns are
S	**S**uggest other alternatives and seek agreement
C	**C**onsequences should be stated in terms of impact on the person receiving care and established team goals, strive for consensus

CUS	
A series of escalating assertive statements to raise a client safety concern	
C	I am **C**oncerned!
U	I am **U**ncomfortable!
S	This is a **S**afety Issue!

Note. Adapted from *TeamSTEPPS 3.0 Team Strategies and Tools to Enhance Performance and Patient Safety* by Agency for Healthcare Research and Quality. (2023). TeamSTEPPS Pocket Guide

Example: The registrant expresses, "I'm concerned that the medication dosage seems unusual." If the concern is not addressed, the registrant expresses, "I'm uncomfortable proceeding with this medication as ordered." If the concern is still not addressed, the registrant asserts, "this could be a safety issue with a risk of adverse effects. Can we review the medication order?"

Related Documents

Code of Ethics

Documentation Standards

Restricted Activities Standards

Scope of Practice for Nurse Practitioners

Scope of Practice for Registered Nurses

Use of Title Standards

Addressing Unsafe Practice Situations Practice Advice

Coordination of Care: Practice Advice

External Resources

Alberta Health Services Your Health Team

Alberta Medical Association & Accelerating Change Transformation Team Team-based Care Debrief Guide and Team Huddles Guide

Canadian Health Workforce Network A Compendium of Roles in Team-Based Primary Care

Canadian Interprofessional Health Collaborative Competency Framework for Advancing Collaboration

Health Canada Nursing Retention Toolkit: Inspired Leadership

Health Quality Alberta Shared Responsibilities for an Integrated People-Centred Health System

Health Quality BC The Experience Cube Guide to Effective Feedback

Mental Health Commission of Canada Caring for Healthcare: A Toolkit for Psychological Health and Safety in Healthcare Workplaces

Team Primary Care Psychological Health and Safety Toolkit for Primary Care Teams and Training Programs

University of Toronto, Office of Faculty Development Giving and Receiving Feedback in the Clinical Setting is All About ATATUDE!

Glossary

CLIENT(S) – The term client(s) refers to patients, residents, families, groups, communities and populations who receive medical care, treatment or professional services from a registrant.

COLLABORATE (OR COLLABORATION) – Client care involving joint communication and decision making processes among the client, the nurse, and other members of a health-care team who work together to use their individual and shared knowledge and skills to provide optimum client-centred care. The health-care team works with clients toward the achievement of identified health outcomes, while respecting the unique qualities and abilities of each member of the group or team. (Canadian Nurses Association, 2010)

COMPETENCE – The integrated knowledge, skills, judgment, and attributes required of a health provider to practise safely and ethically in a designated role and setting.

Coordination – The deliberate and accountable organization and integration of health services through effective communication and shared decision making with the client and care team to support the safe and person-centred delivery of care that is responsive to evolving needs across time and settings.

EVIDENCE-INFORMED – The process of combining the best available evidence through a variety of sources such as research, grey literature, experience, context, experts, and client experiences and perspectives.

HEALTH-CARE TEAM – Members of the intraprofessional and/or interprofessional team and/or community supporting patient care. This also includes students, new learners, Indigenous and traditional healers (College of Nurses of Ontario, 2023)

HEALTH SERVICE(S) – "A service provided to people

(i) to protect, promote or maintain their health,

(ii) to prevent illness,

(iii) to diagnose, treat or rehabilitate, or

(iv) to take care of the health needs of the ill, disabled, injured or dying" (*Health Professions Act*, 2000).

PERSON-CENTRED CARE – An approach to nursing and health care in which the individual's values, preferences, needs, and life context are respected and responded to, engaging them as an active partner in planning, decision making, and delivery of holistic, safe and compassionate care (adapted from World Health Organization, n.d.).

PSYCHOLOGICAL sAFETY – The absence of harm and/or threat of harm to mental well-being that an individual might experience. (Mental Health Commission of Canada, 2022)

QUALITY IMPROVEMENT – A systematic, data-guided approach to improving processes and outcomes in health care by identifying gaps, testing changes, and implementing evidence-based strategies to enhance safety, effectiveness and patient experience (Institute for Healthcare Improvement, 2024).

Registrant(s) – Includes registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs), graduate nurse practitioners (GNPs), neonatal nurse practitioners (NNPs), graduate neonatal nurse practitioners (GNNPs) and RN, NP or NNP courtesy registrants on the College of Registered Nurses of Alberta registry.

RESTRICTED ACTIVITIES – High-risk activities that require specific competencies and skills to be carried out safely and are listed in the *Health Professions Act* (2000) and the *Health Professions Restricted Activity Regulation* (Alta Reg 22/2023, s 60) that are part of providing a health service. Restricted activities are not linked to any particular health profession and a number of regulated health practitioners may perform a particular restricted activity.

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