Collaborative Care: Practice Advice for Registered Nurses and Nurse Practitioners

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Purpose

This standard applies to registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs) and graduate nurse practitioners (GNPs), herein referred to as **REGISTRANT(S)**[1]. The purpose of this document is to provide guidance for **COLLABORATION** that applies to registrants working in diverse roles and practice settings.

This practice advice is grounded in existing RN and NP Standards of Practice.

Introduction

Collaborative care is an approach where registrants work in teams to provide high-quality, safe, **PERSON-CENTRED CARE**. Collaboration is increasingly important due to growing demands, long wait times, complex needs, workforce shortages, and provider burnout (Canadian Interprofessional Health Collaborative (CIHC), 2024). Collaborative practice improves **COORDINATION** of care, supports effective use of resources, and enhances experiences for both people receiving care and providers. Team collaboration also contributes to resilience, commitment, and job satisfaction, helping with workforce recruitment and retention (Karam et al., 2018). Collaborative practice across disciplines and sectors enables providers to respond to evolving health needs in a complex, rapidly changing health system.

This document outlines guidance and tools intended to support registrants in integrating collaborative practices into their daily work, strengthening team relationships, and contributing to coordinated, person-centred care across practice settings.

This document focuses on how practitioners work together, and the College of Registered Nurses of Alberta's (CRNA's) *Coordination of Care: Practice Advice* focuses on how care is organized and connected. This document will be updated as practice evolves.

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

Principles

A Person-Centred Care Approach

A person-centred care approach requires collaboration amongst the **CLIENT**, the registrant, and other members of the care team. Registrants value and actively engage the client and those involved in their care in the design, planning, implementation, and evaluation of care. Registrants should be prepared to suggest ways people can participate, recognizing that they may not understand how they can contribute.

Team members may hold different understandings of person-centred care in their interactions, treatment approaches, and decision-making processes (Pakkanen et al., 2022). Registrants navigate these differences respectfully while maintaining a commitment to shared decision-making. When registrants support individualized and holistic approaches and encourage participation in decisions, relationships are strengthened, and clients have a positive experience of collaborative practices (Sigmon et al., 2023).

When providing a person-centred care approach, registrants:

- Build respectful and trusting relationships with the client and other team members.
- Support the full participation of the client in the design, planning, implementation, and evaluation of care.
- Share information in ways that are understandable, responsive to an array of needs, encourage discussion, and support informed participation in decision-making.
- Recognize and address structural or relational barriers that may limit the client's participation.
- Provide education about the team approach and the opportunities for people to participate as partners in care.

Team Communication

Communication is central to collaborative practice. It builds trust, shapes team culture, and aligns efforts toward shared goals. Collaborative communication involves advocacy, articulation of clinical reasoning, and joint problem-solving (Jang et al., 2026). 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 affect opportunities for formal and informal team communication. Registrants demonstrate proficiency in synchronous and asynchronous communication, including the use of digital tools and technologies, especially when team members work across sectors or are not co-located (Wong et al., 2025). Structured communication tools and processes may improve safety and team performance; registrants assess and apply communication processes appropriate to their practice situation and setting (see Table 1 for

examples). Registrants ensure that 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 to the client and other team members.
- Use shared language and avoid profession-specific jargon.
- Identify and address barriers that may limit communication.
- Provide and seek constructive feedback.
- Implement structured tools and processes, where appropriate, and evaluate them for continuous improvement.
- Use data sharing tools and communication technologies appropriately.
- Manage documentation and information exchange to support clarity, consistency, and continuity of care across teams.

Role Clarification

Each individual contributes uniquely within a team. Awareness of and clarity about one another's roles supports collaboration, whereas challenges in defining and acknowledging each other's roles can create barriers (Wei et al., 2022).

Registrants must introduce themselves clearly by name and title and explain their role in providing care. 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**. Several professions may provide similar interventions. 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 improve care.

When providing and seeking role clarification, registrants:

- Clearly communicate their scope of practice, knowledge, skills, and **COMPETENCE**.
- Seek to understand the scope of practice, knowledge, skills, and competence of other team members.
- Recognize and respect the array of health and social care roles.
- Navigate overlap and adapt roles based on the needs of the situation.
- Support the client to understand team roles and their own collaborative role.

Team Functioning

Effective team functioning is characterized by mutual respect, belonging, accountability, and shared purpose (see Figure 1 for an example framework). **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 **ADVERSE EVENTS**, and norms that support speaking up and being heard (Laplante et al., 2025). Informal knowledge sharing among team members can further strengthen team effectiveness by supporting the adoption of **EVIDENCE-INFORMED** practices (Ominyi & Alabi, 2025).

When supporting team functioning, registrants:

- Co-create a team environment that promotes belonging, psychological safety, and resilience.
- Establish and uphold shared purpose, values, and team norms.
- Work collaboratively in problem-solving, decision-making, care planning, and evaluating.
- Adapt team processes as needs and practice contexts evolve.
- Reflect individually and collectively on team processes and outcomes.
- Identify organizational or system factors that influence team functioning and participate in continuous **QUALITY IMPROVEMENT,** where appropriate.

Collaborative Leadership

Collaborative leadership is the intentional practice of motivating teams toward shared goals while fostering accountability, psychological safety, and effective teamwork. Leadership may be designated or situational and is not limited to formal roles. Through their ongoing relationships, central coordination responsibilities, and broad understanding of the health system, registrants model collaborative leadership across teams and practice settings (Crowe, 2025).

Collaborative leaders encourage all team members to participate and respectfully negotiate their roles. They shape communication processes and cultivate environments characterized by openness, knowledge sharing, and reflexive engagement. Leaders recognize differences and facilitate constructive dialogue, making disagreement a source of learning rather than division. 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 both designated and situational leadership roles and moving between them as the context requires.
- Model respectful communication, shared decision-making, and effective team processes.
- Demonstrate personal accountability and support shared accountability for team outcomes.
- Engage in constructive processing of team differences and disagreements.

- Promote leadership development that strengthens team functioning, quality improvement, and innovation.

Team Differences/Disagreements Processing

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.

Unresolved disagreements can reduce trust, negatively affect mental health, divert focus from providing care, and jeopardize safety and quality (Nikitara et al., 2024). Collaborative processing of disagreements supports open communication, sincere consideration of different perspectives, joint problem solving, and the ability to disagree without taking things personally (Zajac et al., 2021). Registrants aim to maintain respectful working relationships and prevent escalation or unresolved disagreements. (see Table 2 for an example approach).

To support team differences/disagreements processing, registrants:

- Create and maintain environments 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 escalation.
- Work towards collaborative solutions in the best interest of team function and the person receiving care.

Glossary

ADVERSE EVENT – An event that results in unintended harm to the client, and are related to the care and/or services provided to the client, rather than the client's underlying medical condition.

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 registrant 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 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. Fostering the ability to think, feel and behave in a

manner that enables us to perform effectively in our work environments, our personal lives, and in society at large. (Mental Health Commission of Canada, 2018)

REGISTRANT(S) – Includes registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs), graduate nurse practitioners (GNPs) and RN or NP courtesy registrants on the College of Registered Nurses of Alberta (CRNA) 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.

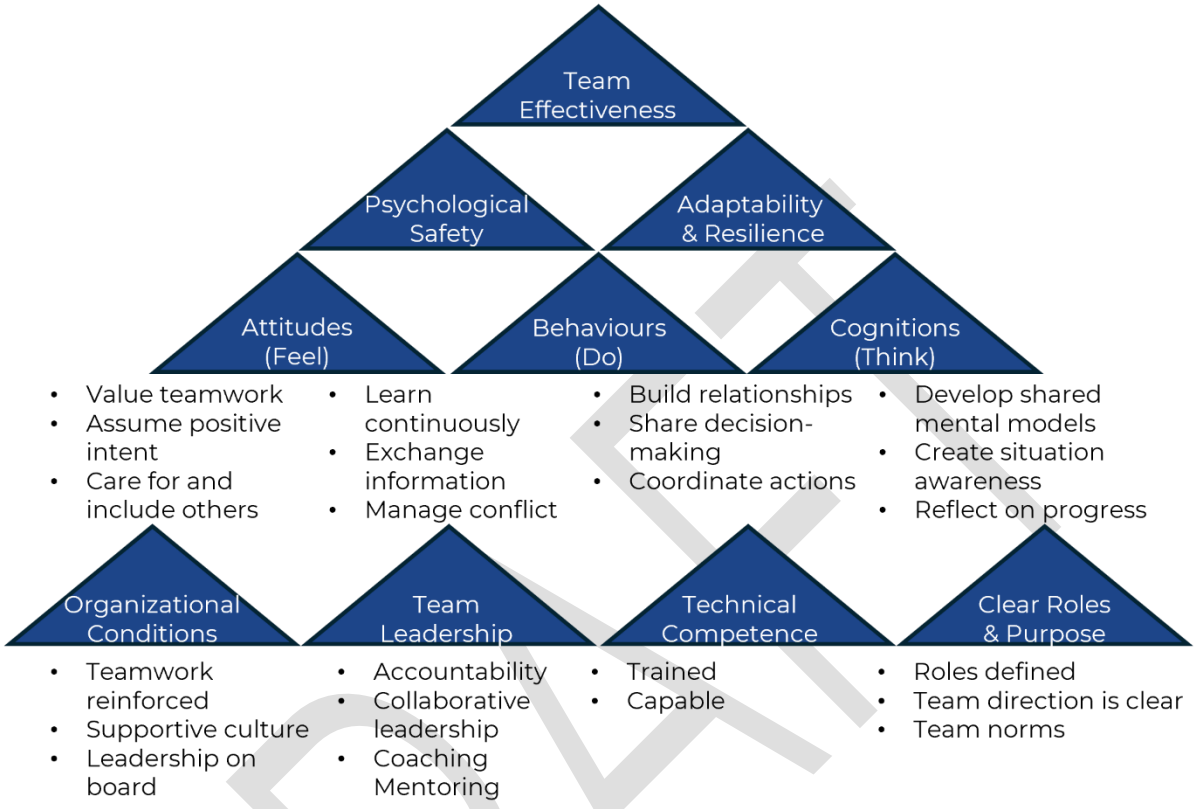
Tools to Support Collaborative Care

Table 1. Structured Communication Tools

SBAR **Communicating information for immediate attention**	**Closed Loop Communication** **Verbal feedback during time-critical moments**	**I-PASS** **Handoff tool for care transitions**
Situation: What is going on with the person receiving care?	**Call Out:** Sender initiates a message with clear, specific instructions naming the task and the actor.	**I**llness Severity: Stable, watcher, unstable.
Background: What is the clinical background or context?	**Check Back:** Receiver repeats the message to confirm understanding.	**P**atient Summary: Events leading to admission, hospital course, ongoing assessment, plan of care.
Assessment: What do I think the problem is?	**Teach Back:** Sender acknowledges correctness or restates the message until accurate.	**A**ction List: To-do list, timelines and ownership.
Recommendation or **R**equest: What would I do to correct it?		**S**ituation Awareness & Contingency Planning: Know what's going on, plan for what might happen.
		Synthesis by Receiver: Summarize what was heard, ask questions, restate key actions.

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

Figure 1. Team Functioning Framework



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

Table 2. An Approach for Team Differences/Disagreements Processing

DESC
Describe the specific situation or behaviour, provide concrete data
Express how the situation makes you feel, what your concerns are
Suggest other alternatives and seek agreement
Consequences should be stated in terms of impact on the person receiving care and established team goals, strive for consensus

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

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