Introduction to Collaborative Team-Based Care

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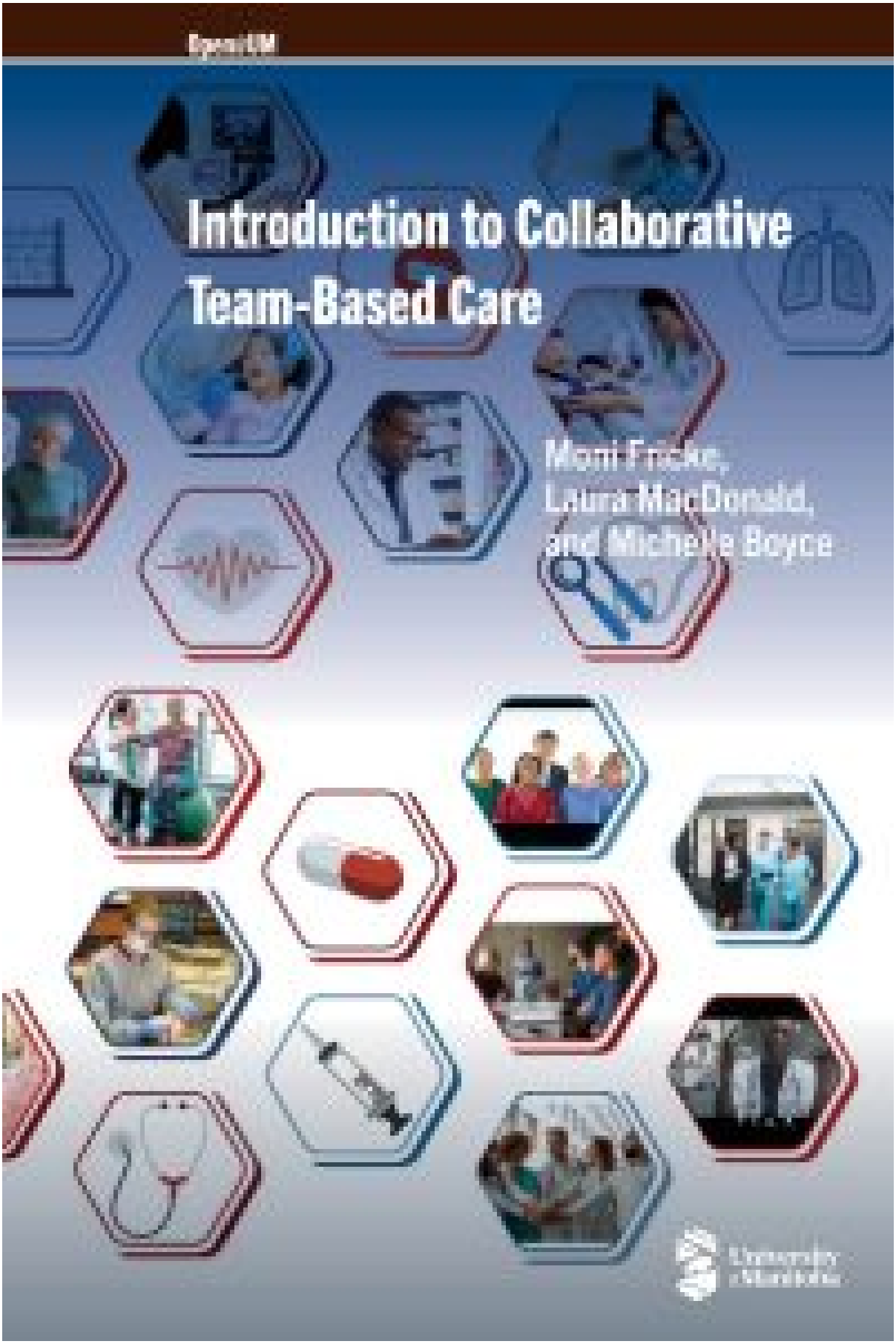
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Introduction to Collaborative Team-Based Care
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University of Manitoba

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Attribution

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Tips for Navigation

Select each section below for details on navigating this resource effectively.

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https://pressbooks.openedmb.ca/ictbc/?p=905#h5p-29

Welcome to Introduction to Collaborative Team-Based Care

Welcome to this e-book on collaborative team-based care.

As individuals, as learners, clinicians, administrators, educators, and researchers, the authors recognize the traditional Indigenous territories in which we find ourselves including treaty lands and unceded lands. We pay our respects to the First Nations, Métis, and Inuit ancestors and we affirm our commitment to respectful relationships with one another and this land, water and all living beings. We endeavor to live these values in our professional and personal interactions including relationships grounded in safety and humility, respect for all peoples and their world views, reciprocity in all relationships, relevance to holistic wellness, and responsibility for informed pedagogy and practice.

This resource is designed to provide you with a foundation for collaborative teamwork in your education and career.

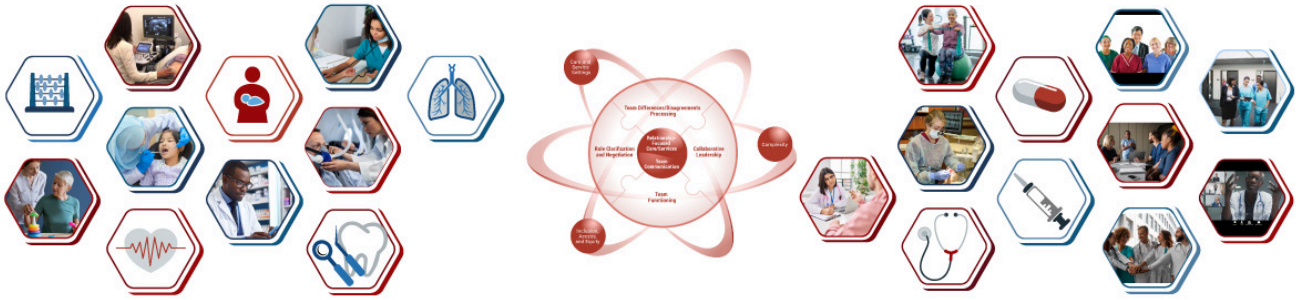
The content is based on the Canadian Interprofessional Health Collaborative CIHC Competency Framework for Advancing Collaboration (CIHC, 2024). This resource will review each of the six competency domains that make up the framework, that is, relationship-focused care/services, team communication, role clarification and negotiation, team functioning, team disagreements/differences processing and collaborative leadership. Throughout this e-book, a variety of health and social care providers as well as service users/patients/clients will share their insights with you based on their own lived experiences.

"Interprofessional events are an opportunity to learn with, from, and about other professions. They provide you the opportunity to put what you've learned into practice. It's truly about building a relationship with your colleagues and building a relationship with the person that you're caring for. So it's an investment in the future."

Sarah Beckman, nurse

I

Introduction



1.

Introduction

The World Health Organization (WHO, 2010, p. 7), in their *Framework for Action on Interprofessional Education & Collaborative Practice*, described team-based collaborative care as occurring when "multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers, and communities, to deliver the highest quality of care across settings."

Since 2010, there has been less emphasis placed on health professionals and more emphasis on teams of health and social care providers from a wide range of perspectives and backgrounds. "Patients" has become a more inclusive term to include individuals, service users, families, and communities seeking care, services, and supports.

"I am Metis from the Red River Settlement in Manitoba and I am a family physician. To me, team-based care is about how we work together in a relational way. Mino Pimatosiwiin was told to me by Elders and Knowledge Keepers to mean the good life or living a good life. The way I have come to understand it is, it requires us to have an understanding of who we are and the path that we walk within the circle of life, embracing our gifts given to us by the creator. When I think of health care delivery, we need to be striving for everyone to have Mino Pimatosiwiin. This requires us to not only reflect on how we conduct ourselves as individuals but includes how we live in relation with each other and in relation to the land and all it encompasses. When working together in a relational way we honor and uplift each other's gifts, to achieve a common purpose. The patient needs to be honored and viewed as part of our team and therefore, they are our relation. We need to include those gifts of others that are necessary to achieve Mino Pimatosiwiin and this may include: community, family, Elders/Knowledge Keepers, Traditional Medicine Healers. This to me is true collaborative team-based care."

Mandy Buss, physician

2.

Learning Goal

Whether you are a service user/patient/client/family member, administrator, healthcare and or social care provider or student, knowing about the foundations of collaborative team-based care matters. The *Competency Framework for Advancing Collaboration* (CIHC, 2024) will help you in your practice to:

- Create an environment that fosters collaborative practice and teamwork;
- Contribute to establishing a safe and effective patient care experience;
- Foster a shared language of skills needed for effective teaming.

This e-book provides an introduction to the CIHC competencies for advancing collaboration.

Learning Goal

By the end of this e-book, you will be able to describe the six competency domains of the *Competency Framework for Advancing Collaboration* (CIHC, 2024), essential for collaborative team-based care and services.

This goal is supported by six learning objectives. The objectives align with the six domains of collaboration: relationship focused-care/services, team communication, role clarification and negotiation, team function, team differences/disagreement process, and collaborative leadership. Chapters are organized by these domains and objectives.

3.

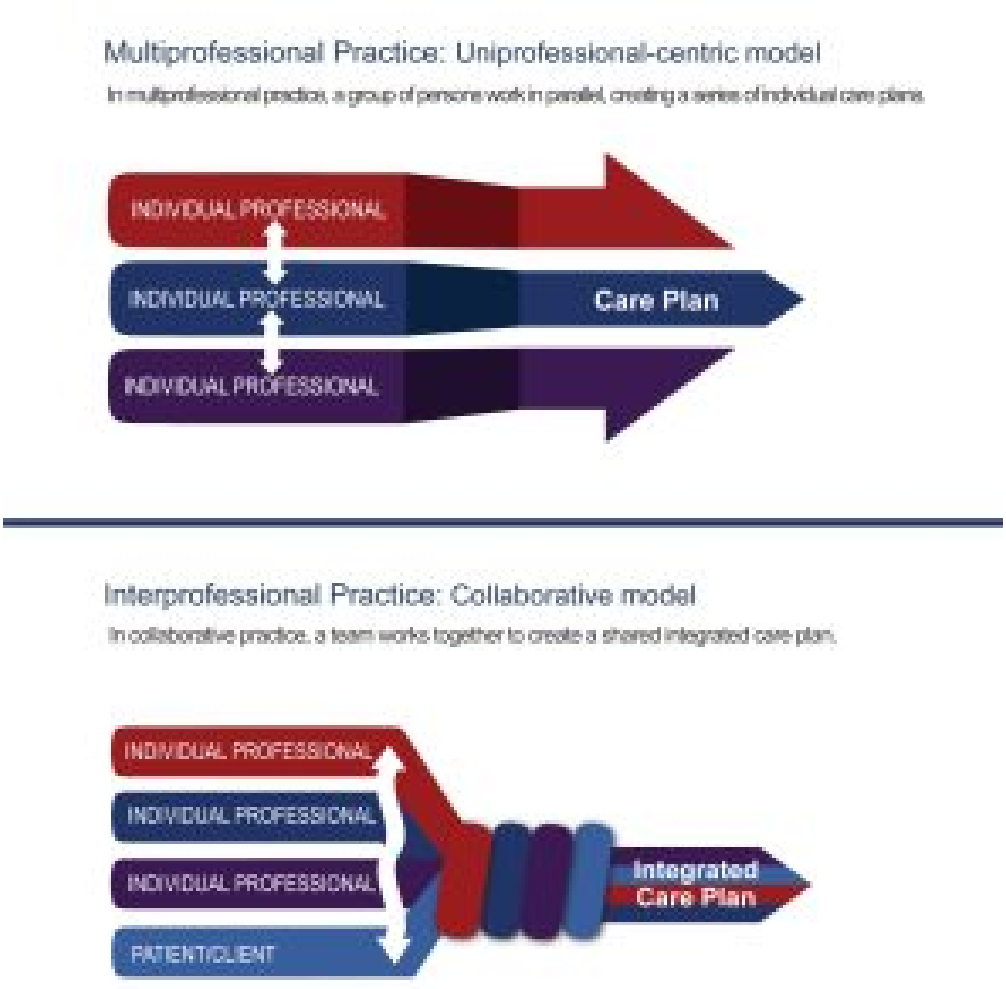
When is a Collaborative Team Approach Needed?

As risk and complexity increase, so does the need for a collaborative team approach.

In **multiprofessional practice**, a group of persons work in parallel, creating a series of individual care plans.

But in **collaborative practice**, a team works together to create a shared and integrated care plan.

Multiprofessional vs. Interprofessional Practice



“It is ironic, indeed, to realize that a football team spends 40 hours per week practicing teamwork for those 2 hours on a Sunday afternoon when their teamwork really counts. Teams in [healthcare organizations] seldom spend 2 hours per year practicing, when their ability to function as a team counts 40 hours per week.”

(Wise, 1974, p. 56)

“A collaborative approach makes sure that everybody is working towards the same common goal and that that people’s experiences and knowledge can contribute to the solution. So it’s important as professionals to work together, but also all members of the team, including patients and families who know their situation best. So working together, solving problems, finding solutions is the goal for all of us.”

Lanette Siragusa, nurse

4.

Why is Collaborative Team-Based Care Needed?

". . . learning is a continuous process. No matter what your level of experience, you can always improve your communication and collaboration skills in a professional context. It's an essential part of teamwork and service to others."

Amanda Wolfe, pharmacist

Collaborative team-based care can . . .

Improve	**Reduce**
Communication	Client complications
Stress levels	Length of hospital stay
Flexibility in the workforce	Hospital admissions
Integration of specialist and holistic care	Tension, disagreements & conflict
Sense of teamwork	Staff turnover
Cooperation across organizations	Clinical error rates
Bridging of silos	Mortality rates
Efficient & effective delivery of care	

(World Health Organization, 2010)

5.

Video: Collaborative Team-Based Care

Click below to view some personal insights and perspectives on the importance of collaborative team-based care.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.openedmb.ca/ictbc/?p=720

6.

Why Use a Framework for Collaboration?

The *Competency Framework for Advancing Collaboration* (CIHC, 2024) can be used in a variety of practice settings as a foundation for quality teamwork, while providing a common language for team members to communicate. Individual and collective development of the competencies can help drive quality, collaborative team-based care.

At the individual provider level

The CIHC Framework assists individuals by:

- Defining a clear set of skills that they can develop to strengthen their contribution to the team;
- Providing a language for exploration of teamwork;
- Providing a framework for individual reflection as part of the team.

At the team level

The CIHC Framework assists teams by:

- Defining a clear set of skills that the team can develop;
- Providing a language for exploration of teamwork;
- Providing a framework for team reflection.

At the person/family/caregiver level

The CIHC Framework assists individuals by:

- Increasing meaningful engagement in care, services and discussions;
- Helping service users understand the role of each member of the team;
- Providing a tool for advocacy.

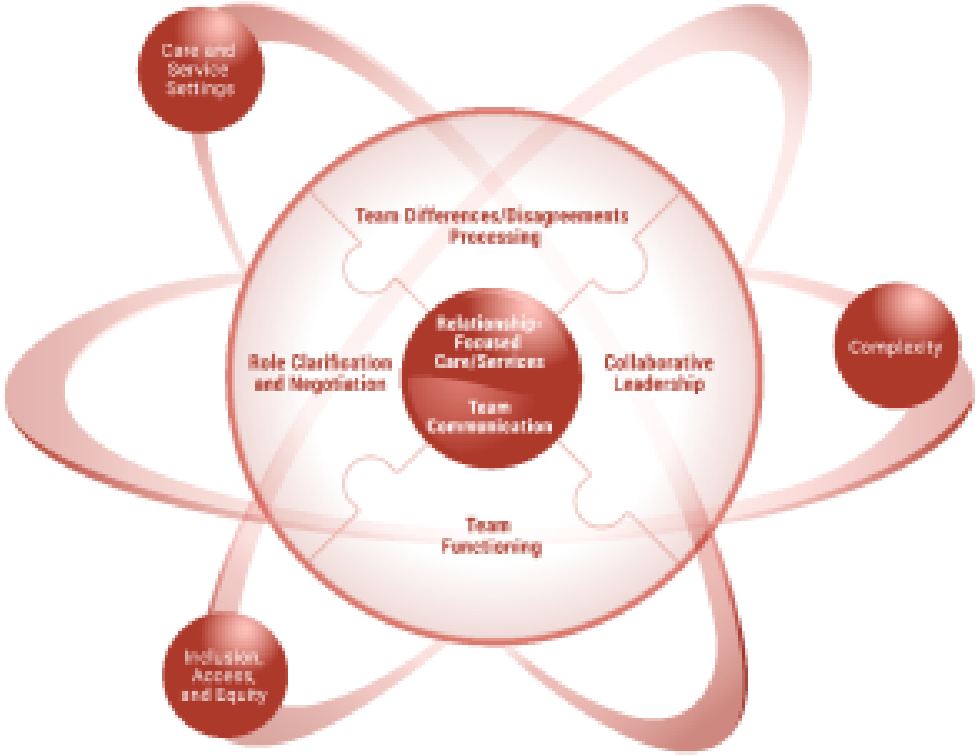
The CIHC Framework is the foundation for quality teamwork at the individual, team, and service user

levels.

7.

Canadian Interprofessional Health Collaborative Competency Framework for Advancing Collaboration

The *Competency Framework for Advancing Collaboration* (CIHC, 2024) integrates the knowledge, skills, attitudes, and values that **together** shape the judgments and behaviours needed for collaborative practice. These are encapsulated within the six overarching competency domains, making up the framework illustrated below. The domains do not exist in isolation but need to be considered within the context of the care and service setting, health condition and system complexity, while upholding values of inclusion, access and equity.



Canadian Interprofessional Health Collaborative Competency Framework for Advancing Collaboration (CIHC, 2024).

The six competency domains for collaborative practice

1. Relationship-focused care and services
2. Team communication
3. Role clarification and negotiation
4. Team functioning
5. Team differences/disagreements processing
6. Collaborative leadership

8.

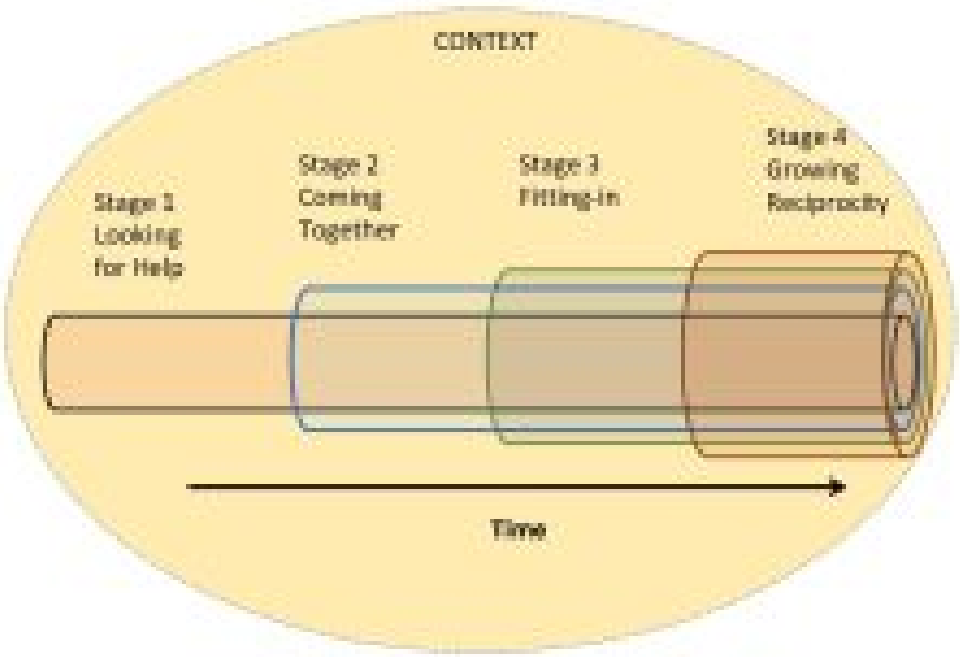
Collaborative Relationship-Building

Learning about the six competency domains equips you to know how you can contribute to building collaborative relationships within a team. Relationships are foundational to collaboration as illustrated below in the *Interprofessional Collaborative Relationship-Building* (ICRB) model.

The Interprofessional Collaborative Relationship-Building (ICRB) Model

The ICRB model (Figure 1) focuses on how collaborative relationships develop over time between health professionals and persons such as patients and families. The model is intended to help people locate, situate and set direction for teams to work on their relationships.

Figure 1. The Interprofessional Collaborative Relationship-Building (ICRB) Model

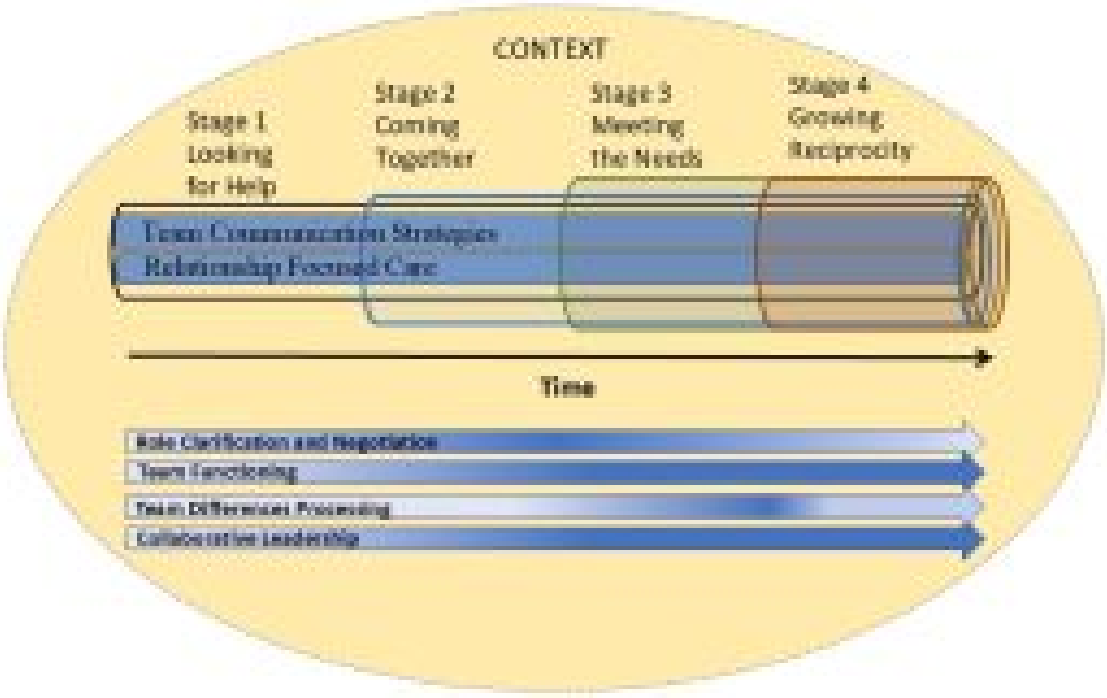


Wener & Woodgate, 2016; Wener et al., 2022.

Collaborative relationship-building and the CIHC competencies

Figure 2 illustrates how at all stages of relationship development, being focused on the relationships and the communication strategies is critical. However, other competency domains while always important, are anticipated to be prioritized at certain stages. For example, at the beginning of the relationship, once providers recognize they need help/collaboration with others, role clarification and negotiation will be important as well as collaborative leadership.

Figure 2. The Interprofessional Collaborative Relationship-Building Model and the CIHC Competency Framework



Wener & Woodgate, 2016; Wener et al., 2022.

9.

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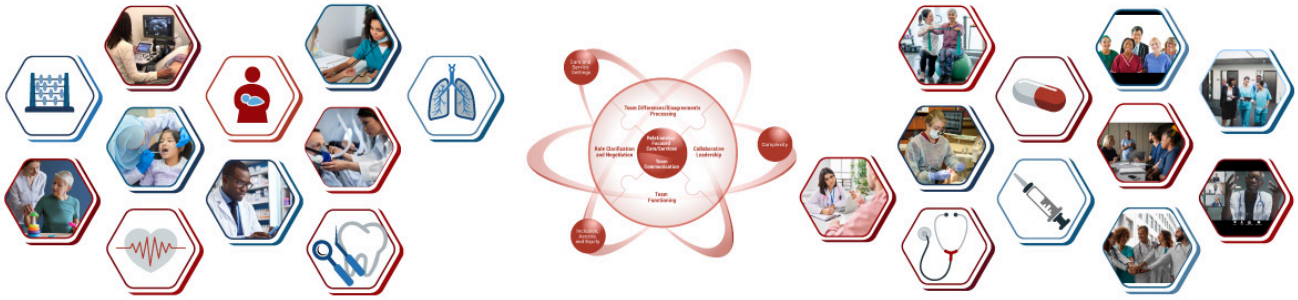
II

Relationship-Focused Care/Services



"When my children were very young, I used to always take them to a local restaurant . . . there was a waiter who would always greet them . . . would always remember their names and little things about them, and would always invite them to create artwork that he would put up at the restaurant. We would also notice other things he did…When you [health care provider] walk into a room smiling at someone reassuringly, making eye contact . . . I think the skill is the same as that waiter in the restaurant. The way we make people feel matters."

Jillian Horton, physician

Learning Objective

By the end of this chapter, learners will be able to recognize the importance of the relationship between the person/patient/client and circle of care and services, while focusing on the lived experiences of persons and respecting diversity, such as thoughts and beliefs.

10.

Relationship-Focused Care/Services: Definition and Descriptors

Click on each line below to read further content.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://pressbooks.openedmb.ca/ictbc/?p=234#h5p-9

". . . each and every person is respectful of each and every other person's scope of practice and knowledge from where they come from . . . recognize that there are so many areas where we share . . . brainstorm . . . the person (patient) in the center . . . brings in a way of knowing that no one else on the team is aware of…some background that we're (professional) not aware of . . . cultural considerations . . . the patient truly is sitting as an equal at the table with the rest of the professionals."

Sarah Beckman, nurse

11.

Patient Perceptions of Relationship-Focused Care/Services

Click on each line below to read further content.

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https://pressbooks.openedmb.ca/ictbc/?p=237#h5p-10

"The patient [person/family] needs to be seen as a person with hopes, dreams and fears, instead of a problem (or problems) to solve. Providers should seek to understand the patient's challenges and the impact those challenges are having on their overall life. Providers should acknowledge the emotion behind the patient's reason for seeking treatment."

Family Advisor (name protected for anonymity) Shared Health Manitoba

12.

Shared Decision-Making

Optimal shared decision-making between patients and healthcare providers requires that we move beyond merely treatment choices (Tonelli et al., 2019). Shared decision-making requires:

- Collaboration in all aspects of clinical care, with practitioners needing to fully engage with the patient's experience of illness and participation in treatment and care;
- Ongoing partnership between clinicians and patients, which requires time but results in enhanced care;
- Acknowledgement and understanding that the patient is the expert in their own lived experiences (for e.g., their determinants of health, attitudes and beliefs) – these are often omitted from clinical decisions.

"The key element [of person-centered care] is that people who use health services are seen and treated as equal partners in their care; they are included in the decisions being made about them to ensure the best outcomes…Healthcare providers need to work "WITH" their patients and families, rather than just doing "TO" or "FOR" them…see their patients as a part of the process to determine what treatment and care is best for them. Healthcare providers need to listen to their patients and come up with a treatment plan together, rather than just telling them what to do. Patients need to feel comfortable to ask questions about their care, and not be rushed. Healthcare providers need to set the stage for this to happen. There needs to be trust from both sides and learning without judgement."

Susanna McLeod, Patient Engagement Consultant, Shared Health Manitoba

13.

Person/Patient Voice

Advice From a Person/Patient's Family Member

When asked the question, "In your experience, what traits or characteristics describe a health care provider you perceived really focused on developing a relationship/partnership with you (patient, family) as the recipient of health care services," a **family member with lived experience shared the following excellent advice.** (Click on each line below to read further details):

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://pressbooks.openedmb.ca/ictbc/?p=242#h5p-11

"It is crucial that health care professionals recognize that patients and their families are the most important members of their health care teams. I think that as healthcare professionals, sometimes we forget that we have privilege, sometimes we forget that we're in positions of power, and we might be speaking to patients about therapeutic interventions that just do not make sense to their lived realities, therapeutic interventions that are out of touch. To actually foster a therapeutic alliance that is effective in improving the quality of lives of patients, it is crucial that patients are 100 percent involved in their health care plans, and in their health care treatments."

Oyin Otubusen, physiotherapist

14.

Framework for Patient Roles on Teams

The framework below (Metersky et al., 2022) depicts the three conditions needed in primary care for people to be active participants in team processes:

- Flexibility
- Readiness
- Time

If these three conditions are met, the processes to identify, explain, build, and collaborate with the patient can begin with the patient as a self-care manager and (co)decision-maker in their care and services.

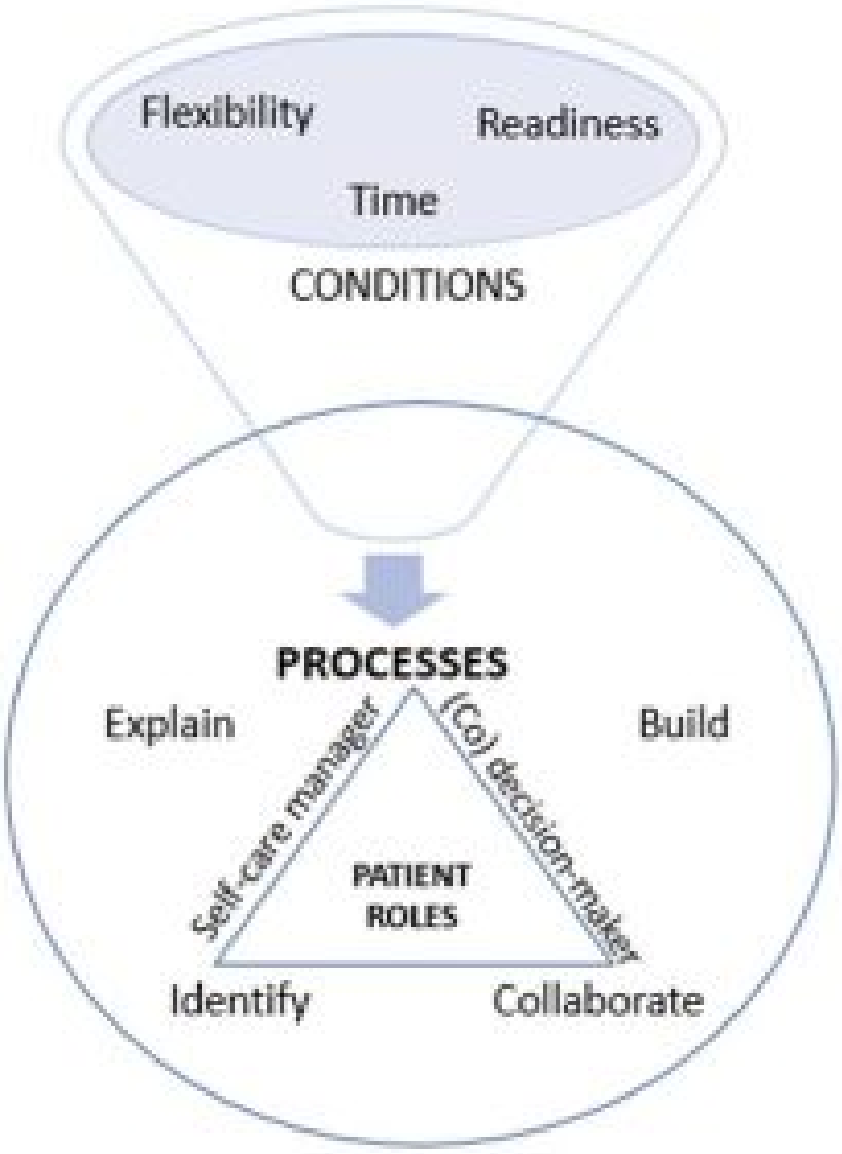

Figure reproduced with permission from Metersky et al., 2022.

"By engaging the patient in the clinical decision-making, they're more likely to take care of their well-being, their health and their well-being."

Ruby Grymonpre, retired pharmacist

15.

Strategies to Support Partnerships

A team of researchers looked specifically for strategies to support patients as partners in primary health care (van Dongen et al., 2017). Analysis of focus groups with patients who had chronic health challenges and had experienced interprofessional care resulted in the following strategies (click on each line below to read further details):

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https://pressbooks.openedmb.ca/ictbc/?p=733#h5p-12

16.

Video: Relationship-Focused Care/Services

Click below to view personal insights and perspectives on the importance of relationship-focused care/services.

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17.

Conclusion

Relationship-focused care and services requires continuous and active cultivation of trusting relationships with all members of the team. This includes other providers, the patient/client, family and community, and others involved in care and services.

Frameworks, models and tools exist to help teams explore the depth of these relationships and provide opportunities for team self-assessment and quality improvement, hence better health outcomes for all.

The following quote returns us to the learning objective of this section: recognize the importance of the relationship between the person/patient/client and circle of care and services, while focusing on the lived experiences of persons and respecting diversity, such as thoughts and beliefs.

"The concept of person-centered care shapes the culture of the healthcare system. It not only occurs at the patient – healthcare provider level, but also at the system level, in that patients, families and the public should be involved in planning, decision-making and evaluation at the organizational level. This involvement ensures that care is person centered for all people accessing the healthcare system, not just on an individual basis with their healthcare providers."

Susanna McLeod, Patient Engagement Consultant, Shared Health Manitoba

Next Steps

We invite you to consider doing the reflection exercise following the reference page for your own benefit before proceeding to the next chapter.

18.

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19.

Reflecting on Relationship-Focused Care/Services

Watch by clicking the “play” button below and listen to Dr. Kateryna Metersky read her poem, “Person-Centred Care and Interprofessional Practice Through *Me*.”

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.openedmb.ca/ictbc/?p=255

Metersky, K (2022). Person-Centred Care and Interprofessional Practice Through Me. *International Health Trends and Perspectives*, *2*(3), 326-328. https://doi.org/10.32920/ihtp.v2i3.1665

In what ways did Metersky’s poem resonate with you, and how will you move forward in enhancing relationship-focused care/services?

20.

Beverly's Story

Listen to Beverly’s story by clicking the “play” button below to further understand the value of relationship-focused care from a patient’s perspective.

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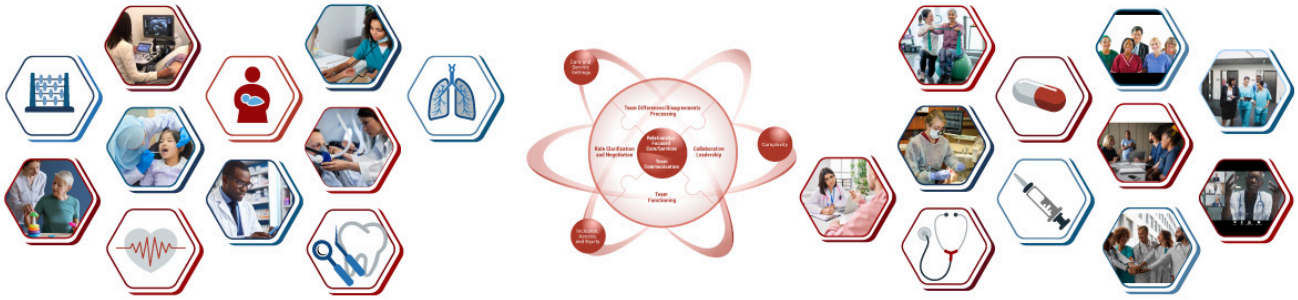
III

Team Communication



In the busy environment of the *Linton Neighborhood Health Access Centre*, a team of healthcare providers gathered for their morning team huddle. Team members available to join were Indigenous Elder, Roger; social worker, Alex; physician, Emily; nurse midwife, Jean; dental hygienist, Sylvia; physiotherapist, Sandy; pharmacist, Isaiah; reception staff, Bobby; occupational therapist, Avery; dentist, Marlene; the patient/client driver, Tom; and dietitian, Mo. Each brings their unique perspective to the huddle. (Fictional Scenario)

Learning Objective

By the end of this chapter, learners will be able to identify key elements of effective team communication while considering contextual factors.

21.

Team Communication: Definition and Descriptors

Click on each line below to read further content.

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https://pressbooks.openedmb.ca/ictbc/?p=259#h5p-13

"Team-based care requires an opportunity for each and every health professional to know how to communicate effectively with each other."

Ivy Oandasan, physician

22.

Team Communication

For years, health professionals were educated in profession-specific programs with little opportunity to engage in interprofessional collaboration. Globally, great effort is placed on interprofessional education (IPE) where two or more health professionals learn with, from, and about each other for better health and health outcomes (Gilbert et al., 2010; WHO, 2010), emphasizing team-based care and service (CIHC, 2024). Importantly, the person/family accessing/receiving care or services is an integral team member. Click below to review various aspects of team communication.

Importance of Team Communication

- Providers-to-patient/client: To participate in their care decisions, patients/clients/family members need to understand complex information and team recommendations;
- Provider-to-provider: Shared understanding of perspectives and approaches requires explanations of varying terminology, jargon, acronyms used in each profession;
- Team-to-team: Patient/client transitions and hand-offs require excellent communication of information across teams, units, organizations, and sectors.

Quality and Improvement

A 21st century hallmark publication entitled *Crossing the Quality Chasm* (Institute of Medicine, 2001) reported on the need for improvement of patient safety, care effectiveness, and quality of care. The report calls for:

- A future where clinicians “understand the advantage of high levels of cooperation, coordination and standardization to guarantee excellence, continuity, and reliability”;
- A focus on good communication among members of a team, using all the expertise and knowledge of team members.

Facilitators and Barriers to Team Communication

Lui et al. (2021) explored facilitators and barriers to interprofessional communication in an acute care setting. The central theme identified was that of accessibility—both physical and psychological. Subthemes presented as both facilitators and barriers to accessibility and communication. The subthemes were:

- Social norms
- Hierarchy
- Cognitive bias
- Relationships

Ultimately, ineffective communication leads to poor patient outcomes.

Ineffective Communication

Click the play button below to watch the brief video of an example of poor interprofessional communication (Trentham et al., 2010):

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.openedmb.ca/ictbc/?p=261#oembed-1

In the video, a team member eventually sighs, "Let's **SBAR** this."
As you watch the vignette consider the two prompts:

- What did you observe about how the team communicated?
- What do you think they needed to do in the meeting to better communicate—the process and the outcome?

Communication is a Process

Communication is a process involving:

- Sharing information
- Non-judgmental active listening
- Using common language
- Checking for understanding
- Addressing differences of opinion
- Providing and responding to feedback
- Self-reflecting

"Sometimes communication can be challenging. Socialization and profession-specific roles can sometimes create different communication styles, so we need to be thoughtful and respectful when relating to each other. How the pharmacist talks about a patient care issue may be very different

from the way a social worker expresses the patient's needs. And each profession has its own set of jargon and acronyms, so be aware of how you use them. And if you're hearing something unfamiliar, don't be afraid to ask for clarification."

Darlene Hubley, occupational therapist

23.

Basics of Effective Communication

Effective communication skills are critical for patient safety, quality care, and everyone's health and well-being.

Communication must be respectful and foster psychological safety, affirming other team members. Effective communication is not just about giving instructions or sharing information; it is about seeking understanding.

Click on the expandable titles below to review the basics of effective communication (adapted from TeamSTEPPS).

An interactive H5P element has been excluded from this version of the text. You can view it online here: *https://pressbooks.openedmb.ca/ictbc/?p=263#h5p-7*

24.

Tools to Support Communication

Various communication tools exist that create a structured approach to ensuring information is accurately transferred between two parties. Examples of such communication tools you may wish to explore further include: SBAR, "I PASS THE BATON," call-out, check back, SHARQ, and ANTICipate.

When using a communication tool with a team, consider the following:

- All team members must be educated in the use of the tool;
- Team goal is more than just the task of making a decision;
- Teams also need to reflect on HOW they are making decisions together;
- Integration of the unique communication needs of the patient or client into the communication loop;
- Impact of the tool on team and team members' relationships;
- How the tool promotes team reflection, not just routine and reactive responses;
- Influence of using the tool on team functioning and psychological safety.

"With respect to communication strategies, I find that respectful listening and participating in generative conversations with a view of possibilities is really important. No one profession holds all of the answers, so it's helpful to create an atmosphere where all perspectives are welcome. At our organization, most staff and many families have been trained in a solution-focused approach (e.g., using language strategically to enhance self-awareness, positive emotions, autonomy, agency, and goal striving)."

Darlene Hubley, occupational therapist

25.

Video: Team Communication (I)

Click on the play button below and listen to personal insights and perspectives on the importance of team communication.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.openedmb.ca/ictbc/?p=268

26.

Example of a Communication Tool: SBAR

SBAR is an example of a tool that creates a structured approach to ensuring information is accurately transferred between two parties (AHRQ, 2019).

1. **Situation** Briefly describe the situation. Give a succinct overview.
2. **Background** Briefly state pertinent history. What got us to this point?
3. **Assessment** Summarize the facts. What do you think is going on?
4. **Recommendation** What are you asking for? What needs to happen next?

"Though high-quality research is lacking on the effectiveness of SBAR, a systematic review found moderate evidence for improved patient safety through SBAR communication. There is a need for further study, but the findings promote the use of SBAR as a communication strategy that is efficient, comprehensive, promotes collaboration, and reduces the probability of error."

(Müller et al., 2018)

27.

Video: Team Communication (II)

Here are some further insights and perspectives on the importance of team communication (click the play button below).

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.openedmb.ca/ictbc/?p=273

28.

Conclusion

The following quote returns us to the learning objective of this chapter: identify key elements of effective team communication while considering contextual factors.

"When I think about team communication, I can't separate that from team functioning. I can't imagine a team that is functioning at a high level that is not communicating well."

Jodene Neufeld, occupational therapist

Next Steps

We invite you to consider doing the reflection exercise following the reference page before proceeding to the next chapter.

29.

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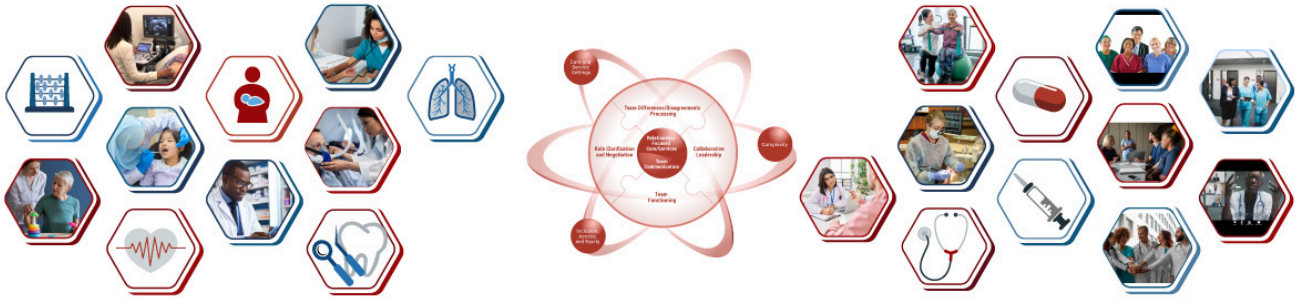
30.

Reflecting on Team Communication

Speaking up when you see a problem that can lead to poor-quality care is challenging. What characteristic or belief (e.g., feeling shy, fear of reprisal) might impact you most if you wanted to speak to another team member about a safety/quality issue you have observed? What will you do to support your growth in speaking up?

IV

Role Clarification and Negotiation



"Clarifying roles is really important when working as a team. It's vital that we take that time to understand each other's role . . . that we are connecting and supporting and able to work together to the best of our abilities. Our roles may be different in some areas and similar in another . . . understand and negotiate what our role is at that time for that client or maybe that team . . . but recognizing . . . that may evolve or change over time. And that we continue to communicate what our roles are or how they're changing and how we can best align them for the goal of the patient."

Cheryl Olfert, nurse practitioner

Learning Objective

By the end of this chapter, learners will be able to describe the importance of diversity, role clarity and negotiation.

31.

Role Clarification and Negotiation: Definition and Descriptors

". . . improving oral care at the bedside . . . tapping the right people on the shoulders as a nurse, I am not an expert in oral health . . . I do understand that the aspiration of the bacteria in your mouth can contribute to a hospital-acquired pneumonia. So I connected with the speech language pathologist and occupational therapist, and the entire nursing care team *(given no oral health professional on the team at this time)*. I engaged with the team on the unit . . . and when we're readying the patient for discharge . . . whether that's at home or they're returning to an extended care facility, we still want them to have their functional abilities that they came in with and part of that is being able to get dressed, brush their teeth, take care of their dentures . . . I learned so much from those other professions . . . oral care improved on the unit."

Sarah Beckman, nurse

Click on the expandable titles below to read more.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://pressbooks.openedmb.ca/ictbc/?p=283#h5p-30

"When we are working together . . . it reduces errors and it results, ultimately in better patient care. . . . Explain to your colleagues what it is that you can contribute and what it is that you can take on, they have a better appreciation of a way to kind of divide the task, divide the workload, so that we can make sure that the clients are getting their needs met. So, being very clear about what I can do, but also being comfortable asking what can you do? And there may be some overlap, but maybe today it makes more sense for me to take the lead on something and maybe tomorrow it makes more sense for you to take the lead on something. It all depends on what the client needs and what the client might prefer."

Vicki Verge, social worker

32.

Scopes of Practice

Scopes of practice dictate what a regulated healthcare provider can and cannot perform from a legislative perspective. This does not mean that every healthcare provider has the ability or competence to perform all tasks associated with that profession (Canadian Medical Protective Association, 2022). All healthcare providers are responsible for recognizing their competence and limitations. Furthermore, if required, they need to embark on continuing professional development.

It is everyone's responsibility to be curious and to ask their colleagues about their scope of practice, knowledge, skills, experience and comfort level to safely carry out a specific task. Refer to provincial/territorial legislation for scopes of practice.

"Working to optimal scope means achieving the most effective configuration of professional roles as determined by other healthcare professionals' relative competencies and health system needs."
(Nelson et al., 2014 as cited in Bourgeault (Ed.), p. 18)

33.

Role Clarification and Negotiation

Patient's needs are optimally met when each healthcare professional adds their unique contributions that foster collective synergy (Bosch & Mansell, 2015).

Click on the expandable titles below to review more detail.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://pressbooks.openedmb.ca/ictbc/?p=288#h5p-14

"When you're a part of a collaborative team, the roles and responsibilities can be shared and there is less of a burden on each individual care provider and probably tremendous synergies to be gained from hearing the different perspectives as well."

Ruby Grymonpre, retired pharmacist

34.

Video: Role Clarification and Negotiation

Click the play button below to hear personal insights and perspectives on the importance of role clarification and negotiation.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.openedmb.ca/ictbc/?p=290

35.

Strategies to Promote Role Clarification and Negotiation

Below are a few strategies to promote role clarification and negotiation (Cribb et al., 2022; Fulop et al., 2019; Kämmer & Ewers, 2021). Click on the expandable titles below to read the details.

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https://pressbooks.openedmb.ca/ictbc/?p=292#h5p-15

36.

Conclusion

The following quote returns us to the learning objective of this section: describe the importance of diversity, role clarity and negotiation.

"It is essential to clarify roles in a team so that everyone has a shared understanding of who will be doing what. One reason this is so important is that in emergency situations or even in day-to-day situations, that kind of choreography is important. If we don't know who's going to be doing what, we're not going to be able to efficiently carry out our day. The second thing is this is often a source of interpersonal conflict or misunderstanding between individuals, and we really have to work to minimize that kind of conflict because the stronger the relationships are on a team, the better the care we can provide to patients."

Jillian Horton, physician

Next Steps

We invite you to consider doing the reflection exercise following the reference page before proceeding to the next chapter.

37.

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38.

Reflecting on Role Clarification and Negotiation

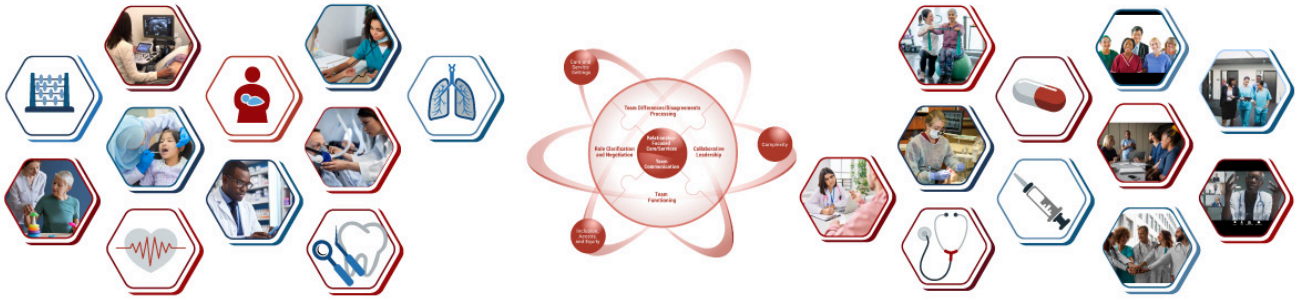
"Be curious about the contributions and the distinct and unique and complementary roles of other healthcare professionals…being curious to ask the question because that curiosity is going to help with the delivery of care that you can provide in the future because you know who else can work with you to provide the kind of care that your patients need."

Ivy Oandasan, physician

In what way does the above quote resonate with you?

V

Team Functioning



"I work in a transplant clinic. We have nurses, pharmacists, social workers, the physicians and the physiotherapists. All of us have a different thing that we bring to the table. The pharmacist is doing medication review. They're well acquainted with drug, drug interactions, probably better than the physicians, quite honestly. And they help as we make medical decisions to inform our choices of therapeutics that we might want to use. On another hand, we have nursing who is talking with the patients, and many times the patient will feel more comfortable talking with the nurse, the pharmacist, the social worker, than they will be talking with the physician. So they'll bring things out that need to be addressed. But it's only through this communication with multiple partners that we're actually truly finding out where the patient's needs aren't being met. And as a team, we can discuss this in our action plan where we develop a plan to meet all of those patient needs that they've identified when it comes to interprofessional collaboration and learning."

Peter Nickerson, physician

Learning Objective

By the end of this chapter, learners will be able to recognize the necessity of interdependent relationships for team functioning, while exploring optimal conditions for success.

39.

Team Functioning: Definition and Descriptors

Click on the expandable titles below to read the complete definition and descriptors of team functioning.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
https://pressbooks.openedmb.ca/ictbc/?p=301#h5p-16

40.

Team Development

Bruce Tuckman originally described four main stages of team development in 1965: Forming, Storming, Norming, and Performing. Later, a fifth stage of Adjourning/Transforming was added.

The speed with which a team moves through each stage will depend on the team members, their individual skills, the work they are expected to do, and the type of leadership available to the team (Kumar et al., 2014). Continue below to learn more about the five stages of team development by clicking on each line.

Stages of Team Development

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https://pressbooks.openedmb.ca/ictbc/?p=303#h5p-17

41.

Essential Ingredients for Team Success

According to Bosch and Mansell (2015), there are five essential elements for team success (click on each line to read a full description):

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Virtual Team Meeting

Many teams meet virtually. Here are some further recommendations for optimizing virtual team meetings:

- Turn on your webcam, if available, and be present on screen;
- Be mindful of surroundings and mute your mic if you are not asking a question or joining the conversation;
- Feel safe to express views and ask questions – commit to ensuring confidentiality;
- Raise your hand or use reactions if you need to jump in and others are speaking or type in the Chat Box;
- Share the “floor” and pause to allow others to join in;
- Use the Chat Box secondarily if possible;
- Be engaged and have fun!

(Adapted from Ontario Telemedicine Network, n.d., *Videoconferencing Etiquette)*

42.

Psychological Safety in Teams

Psychological safety is a ‘‘shared belief held by members of a team that the team is safe for interpersonal risk-taking.’’ It represents ‘‘a sense of confidence that the team will not embarrass, reject or punish someone for speaking up. It describes a team climate characterized by interpersonal trust and mutual respect in which people are comfortable being themselves.’’

(Amy Edmondson, 1999, p. 354)

Creating an environment where psychological safety is prioritized is crucial to teams and maintaining a healthy team dynamic. Click below to read more on the potential benefits of establishing psychological safety on teams.

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43.

Creating Psychologically Safe Spaces

Here are some strategies that can help facilitate team psychological safety. Click below to learn more.

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Appreciative Questioning

Problem-based questions, as the name suggests, focus on the problem and include questions such as "what's the problem?", "what went wrong?", "why bother?", and "who was a part of this?"

On the other hand, appreciative questions are phrased in a way to get a better appreciation of the situation and are more strengths-based. This approach includes questions such as (University of Toronto, CACHE):

"What's the solution?"

"What's working well?"

"What are our choices?"

"What is needed to make this work best?"

"Where do we go from here?"

44.

Video: Team Functioning

Click the play button below for personal insights and perspectives on the importance of team functioning.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.openedmb.ca/ictbc/?p=311

45.

Engaging in Team Functioning Self-Assessment

Regular team self-assessments, reflections, and debriefs, can be used to optimize effective team functioning. The Assessment of Interprofessional Team Collaboration Scale II (AITCS-II) (Orchard et al., 2018) is an example of a validated scale used by teams to assess their collaboration. Team reflections are more qualitative in nature and may follow a structured outline, with or without a facilitator. Team debriefs are guided conversations where team members discuss, interpret, and learn from recent events in the practice setting and are an important strategy for making improvements in individual, team, and system performance.

There are a number of debriefing tools and structures to facilitate discussion. Here is one such clinical debriefing tool, **TALK** (https://www.talkdebrief.org). Click on the expandable titles below to read more.

An interactive H5P element has been excluded from this version of the text. You can view it online here: https://pressbooks.openedmb.ca/ictbc/?p=313#h5p-21

46.

Conclusion

For effective team functioning to occur, teams require good team communication, optimization of relationships, collaborative leadership, role clarification and negotiation, and processing of team differences and disagreements. If all these aspects of teamwork are attended to, then a team will be more effective in collaborating for improved health outcomes and quality person-centred care.

The following quote returns us to the learning objective of this chapter: learners will be able to recognize the necessity of interdependent relationships for team functioning, while exploring optimal conditions for success.

"I think for any team to function effectively, we need to have respect, open communication, encouragement and appreciation amongst each other."

Tiffany Guimond, nursing assistant

Next Steps

We invite you to consider doing the reflection exercise following the reference page before proceeding to the next chapter.

47.

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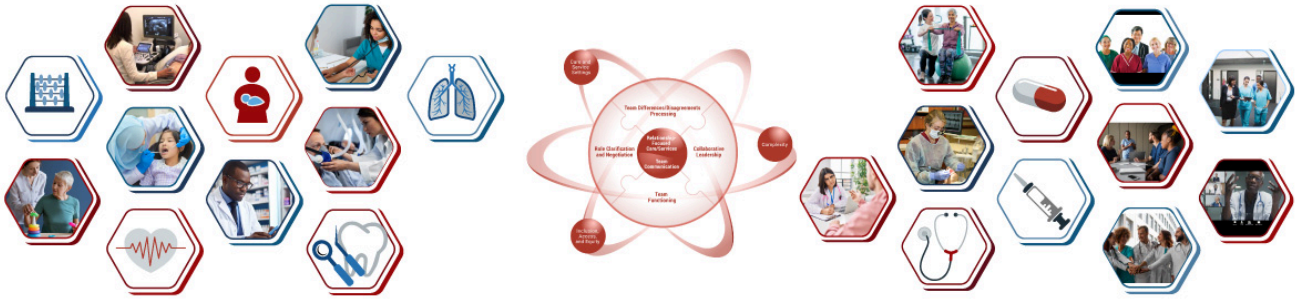
48.

Reflecting on Team Functioning

Consider an experience you had where attitudes and behaviors affected the team dynamic. How did you and others feel? What actions were taken or should have been taken to address the situation?

VI

Team Differences/Disagreement Processing



"Tension or disagreements among team members is a natural process. Conflict can happen at the level of a task or the process itself or between relationships. But not all of these tensions lead necessarily to conflict either. It can start as tension and it can build into a disagreement, which could potentially build into a real conflict…recognize when this is happening, pause and discuss it. Use your best communication skills to figure out what's going on, whether it's at the task or process level or in the relationship, and how to manage it, how to navigate it and how to come out the other end stronger as a team."

Moni Fricke, physiotherapist

Learning Objective

By the end of this chapter, learners will be able to differentiate between tension, disagreements and conflict, while recognizing the value of diverse opinions and the importance of processing differences to prevent escalation.

49.

Team Differences/Disagreement Processing: Definition and Descriptors

Click on the expandable titles below to read the complete definition and descriptors of this competency domain.

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https://pressbooks.openedmb.ca/ictbc/?p=323#h5p-22

"I believe that working through interprofessional disagreements is fundamental to strengthening our professional practice. These moments of conflict provide a platform to see things from new perspectives. By valuing each perspective, we uphold a tradition of community and connectedness, vital to Indigenous culture, which strengthens the bonds within our team and improves the care we provide."

Kathy Yerex, dental hygienist

50.

Disagreement Is to Be Expected

Healthcare providers are encultured within their profession *(*Boller et al., 2021; Craig et al., 2018; Guzys, 2021; McMurty et al., 2015) – into ways of knowing, perceiving, and behaving given any situation. Click the play button below the figure to hear more; click the CC ("closed captioning") to follow along with the transcript if you like.

Adapted by OIPC (2024) for module use only from Creative Commons Puzzle Pieces in Hands.

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51.

Tension, Disagreement, and Conflict

"We value respect and open communication. When opinions differ, everyone is encouraged to express their recommendations and reasoning. This often leads to a more balanced and effective process. Ultimately, patients and their families have the final say in their care plan, and keeping this in mind often helps resolve conflicts between team members."

Amanda Wolfe, pharmacist

Teams will experience tensions, which may lead to disagreement, which may lead to conflict. This is expected, given the differing team members' perspectives and personalities. For example, tensions may be experienced when roles and responsibilities are not discussed, negotiated or addressed. Sometimes, turf issues get in the way of discussion, which can be the root cause of resulting disagreement and even conflict.

It is best to address tensions, disagreements, and conflict and not ignore them. First, seek to understand, ensure all are heard, and move to resolve. Consider it a curiosity to explore the possible multiple stories or perspectives underlying the situation.

Click on the expandable titles below to read more.

An interactive H5P element has been excluded from this version of the text. You can view it online here: *https://pressbooks.openedmb.ca/ictbc/?p=328#h5p-23*

52.

Video: Team Differences/Disagreement Processing

Click the play button to watch and listen to the insights and perspectives of individuals with lived experiences of team differences and disagreement processing.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.openedmb.ca/ictbc/?p=330

53.

Seek to Understand, Be Heard, Move to Resolve

The collaborator role of the *CanMEDS 2015 Physician Competency Framework* (Royal College of Physicians and Surgeons of Canada, 2015) describes working effectively with other health care providers to provide safe, high-quality, person-centred care. Many other health professions share similar competency profiles. The accompanying *CanMEDS Teaching and Assessment Tools Guide (*Glover Takahashi et al., 2015) provides hints for navigating disagreements and potential conflict. Click on each step below to read more.

An interactive H5P element has been excluded from this version of the text. You can view it online here: https://pressbooks.openedmb.ca/ictbc/?p=332#h5p-24

54.

Tasks, Processes, and Relationships

A critical literature review on interprofessional team conflict resolution identified three forms of team conflict: tasks, processes and relationships. They concluded that teams need to engage in training on conflict resolution (Orchard et al., 2023).

Bourkhim et al. (2018) explored a conceptual model on disagreements (see Figure). Click play below and listen to the audio recording for a complete description; you can also follow along with the transcript by clicking the “CC” button.

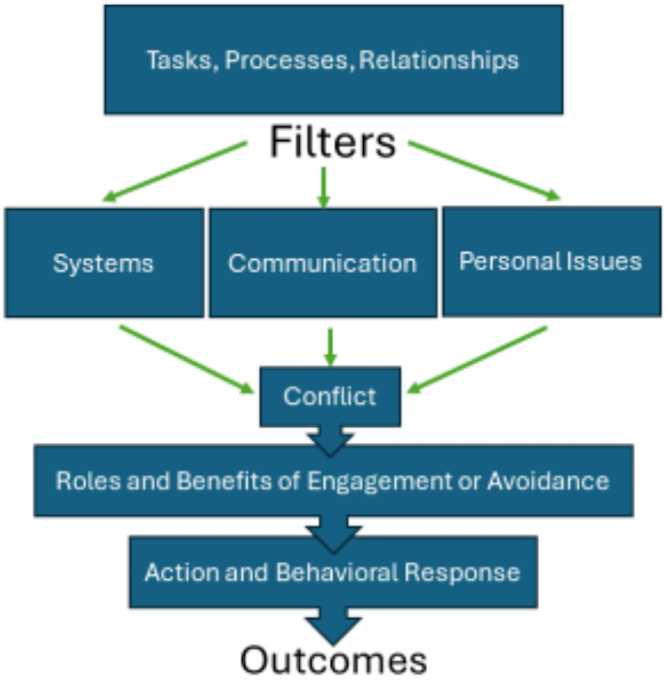

Figure adapted by OIPC (2024) from concept model on disagreements evolving to conflict and outcomes (Bourkhim et al., 2018).

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55.

Conclusion

The following quote returns us to the learning objective of this chapter: learners will be able to differentiate between tension, disagreements and conflict, while recognizing the value of diverse opinions and the importance of processing differences to prevent escalation.

"It can be hard when a team experiences disagreements or conflicts, and often we feel like our training does not adequately prepare us to face those challenges. So one of my favorite ways to deal with conflict on a team is to create a safe space where we can begin to explore openly the roots of our conflicts… when I sense that there's conflict or strife, and to talk about what's difficult for each member of the team. And what this often invites us to do is inhabit a kind of space I think of as the compassionate imagination. When we invite that kind of compassion for one another, we can begin to attenuate some of the cognitive errors that we start to make in the assumptions that we make about one another and our intentions."

Jillian Horton, physician

Next Steps

We invite you to consider doing the reflection exercise following the reference page.

56.

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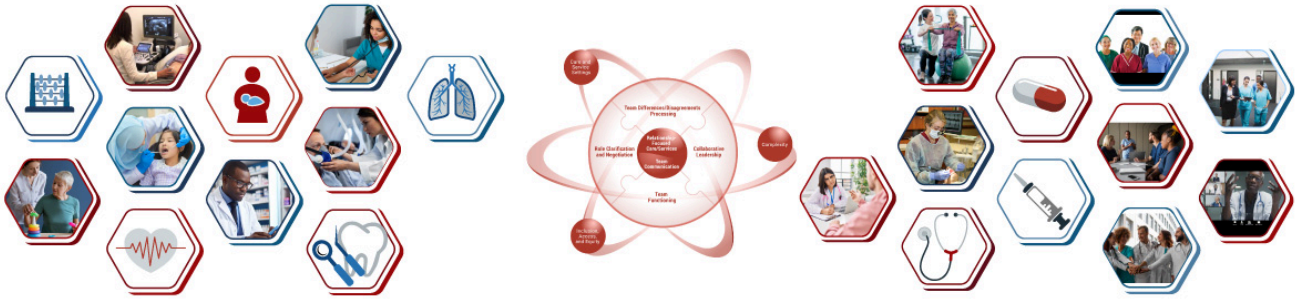
57.

Reflecting on Team Differences/Disagreements Processing

Consider a time you experienced conflict with someone in a work setting who expressed a different perspective from your own. What factors contributed to the perspective differences? What approaches helped you to address the conflict?

VII

Collaborative Leadership



"When working with different teams in different settings as a nurse practitioner, there'll be times where it will be vital that I step forward and take the leadership in the situation or the collaboration. But then there's times where it's important to recognize where my limitations are, and not necessarily just with my role, but it may be in terms of knowledge, skill, and judgment that another individual of the team has strengths in that area and providing that opportunity for them to be able to take that leadership in those moments. And I think as a team too, it's really important that we not only provide opportunity for others to lead as well as ourselves, but recognizing when it's appropriate and encouraging that in ourselves and those around us to really create that team approach."

Cheryl Olfert, nurse practitioner

Learning Objective

By the end of this chapter, learners will be able to recognize the value of shared decision-making and responsibilities, while acknowledging team members' expertise for achieving desired health outcomes.

58.

Collaborative Leadership: Definition and Descriptors

Click on the expandable titles below to read the full definition and descriptors for collaborative leadership.

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https://pressbooks.openedmb.ca/ictbc/?p=364#h5p-26

"Collaborative leadership means that everybody is accountable for their part in the process. So whether you are a physiotherapist or a pharmacist or a nurse or a physician assistant or a physician, whatever profession, whatever role you play, you actually have a part and you get to be accountable, you get to make decisions, and you also, as part of this team, so you're all contributing in meaningful ways and you're all working together to accomplish the goal."

Lanette Siragusa, nurse

59.

Examples of Leadership Models

Traditional top-down models of leadership assume a hierarchical style of management where the power and decision-making generally remain with those at the top and information tends to flow only in one direction. However, models of leadership in healthcare teams have evolved over time (Varpio & Teunissen, 2021). For example, a model of collaborative leadership emphasizes the importance of shared decision-making with the ultimate aim of accomplishing shared goals.

Click on the expandable titles below.

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Click the play button to hear more on models of leadership and followership.

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60.

Essential Elements

Drinka and Clark (2016) describe interprofessional leadership as either formal or informal and dependent on team members (followers and or peers) either accepting or rejecting the leadership. Further, interprofessional leadership will depend on both the environment and situation.

Click on the expandable titles below to read more about the key elements of interprofessional leadership.

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” . . . role clarity, adaptability, and humility—hallmarks of both effective leadership and supportive followership. These attributes promote mutual respect and shared accountability, which are critical not only for improved patient outcomes but also for fostering inclusive and psychologically safe work environments.”

Rebecca Mueller, physician assistant

61.

Video: Collaborative Leadership (I)

Click the play button to hear personal perspectives on the importance of collaborative leadership.

One or more interactive elements has been excluded from this version of the text. You can view them online here: https://pressbooks.openedmb.ca/ictbc/?p=371

62.

Principles for Effective Collaborative Leadership

Click on the expandable titles below to review the principles for effective collaborative leadership.

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(Aufegger et al., 2019; Carson et al., 2007)

"Collaborative leadership, whether formal or informal, must transcend professions, disciplines and systems to effectively support one another. Leaders who excel in clinical skills, teamwork and relationship-focused care while attending to accountability and autonomy will facilitate the evolution of the current health and social care systems."

(van Diggele et al., 2020)

63.

Video: Collaborative Leadership (II)

Watch the following video on the significance of collaborative leadership by clicking the play button.

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64.

Conclusion

The following quote returns us to the learning objective of this chapter: learners will be able to recognize the value of shared decision-making and responsibilities while acknowledging team members' expertise for achieving desired health outcomes.

"The beauty of collaborative leadership is that we can ask questions collectively, seek and receive feedback, and because of the breadth and depth of perspectives gained, the processes and outcomes are so much more than we could imagine individually. We can understand the why differently, learn new ways to take action, and find many more potential paths to what we need to do. Collaborative leadership lives within relational spaces and reminds us of our shared humanity, something which is as important as our autonomy and competency. Such leadership can then facilitate achieving shared purpose in these uncertain times – all in hopes of thriving peoples and a healthy planet."

Ming-Ka Chan, physician

Next Steps

We invite you to consider doing the reflection exercise following the reference page.

65.

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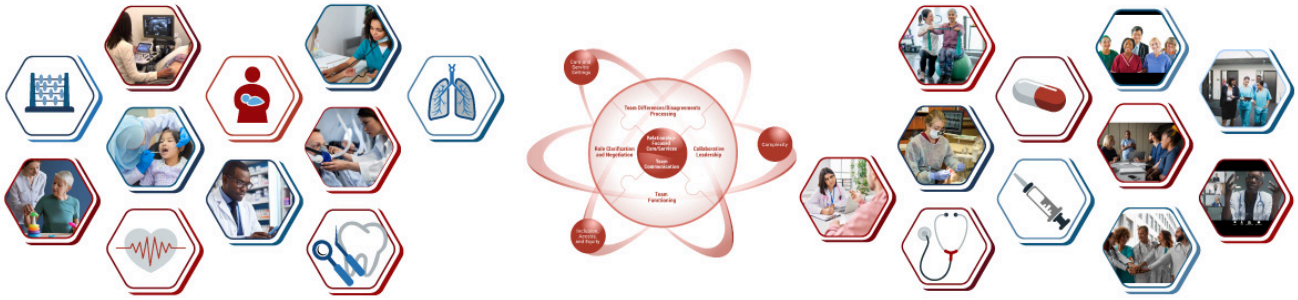
66.

Reflecting on Collaborative Leadership

Reflect on key values you aim to uphold that support collaborative leadership, and how you will mitigate systems and structures that challenge these values.

VIII

Summary



67.

Summary

As health and social care providers, we are a part of a complex health system. “No one profession can do it all” (Team Primary Care, 2024). Collectively and **collaboratively**, we all are responsible for ensuring patient safety and quality of care (Healthcare Excellence Canada, 2024).

A great resource for ensuring we uphold this is the Institute for Healthcare Improvement (IHI). Over time, and based on much study, the IHI identified first the triple aim in 2007 and the quadruple aim in 2014. By 2021, a quintuple aim was identified as health equity (Nundy et al., 2022). A proposed sextuple aim is that of environmental sustainability (Alami et al., 2023). In combination, these six aims result in better population health for all while attending to responsible stewardship of limited resources.

Aims of Healthcare

“Team-based approaches for health are so important to be able to provide all-encompassing care for our patients and clients. Health is really complex . . . So everything from where we live, what we eat, how we access education and healthcare, how we access food, to things like how we take our medications and how we’re able to exercise or be active. All of those different components impact our health. And so when providing care, it’s important that we look at things from a complete and holistic perspective. And as healthcare providers, we all have different strengths and different areas of focus. And when we can work together and put those pieces together, we can provide even better quality care as a team.”

Cheryl Olfert, nurse practitioner

68.

Video: Advice to Learners

Interprofessional education allows health and social care providers to learn and reflect on the benefits and challenges of team-based collaborative care. Throughout this resource, many health and social care providers offered insights based on their lived experiences. In this video, several share their advice with you, our future health and social care providers. Importantly, build relationships and collaborate for better health and healthcare outcomes. Click the play button below.

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69.

In closing . . .

"Teaming is a necessity and an opportunity . . . health is complex. When you think of a whole person and their whole health, a person is a physical being, emotional, mental, spiritual being – that's a lot to take care of and it can't be done by one person. It needs a team, a team approach. There's just too much for one of us to do. And then when you factor in the context that a person comes from their previous experience with health care, their supports that are available to them or not available, the resources that they can access or have difficulty accessing and their home environment . . . [teaming] is an opportunity to give your best alongside your colleagues…value and respect people whose approach is different than yours and see the benefit of what you're doing together, which is often so much better than what you could accomplish individually."

Jodene Neufeld, occupational therapist

Now that you have completed this e-book, as per the original goal, you should be able to describe the six competency domains of the CIHC *Competency Framework for Advancing Collaboration* (2024) essential for collaborative team-based care and services. Collaborative team-based care is an expectation of all health and social care providers. The advancement of collaboration requires attention to the six competencies as follows (CIHC, 2024):

- Relationship-focused care and services
- Team communication
- Role clarification and negotiation
- Team functioning
- Team differences and disagreement processing
- Collaborative leadership

How collaboration manifests itself will differ according to the context of practice (e.g., community, primary or acute care; co-location or virtual; patient/client/family/community engagement) and individual scope of practice, competency and capability.

"By having interprofessional collaboration and teamwork, it allows everyone to problem solve together and everybody contributes in their own way with their own knowledge and skills and experiences. And in doing that, we're able to provide better patient care, decreased risk, improved safety, and as well, make the work more satisfying when you work as a team."

Lanette Siragusa, nurse

Next Steps

This e-book was launched in the fall of 2025 and we welcome your feedback for future improvements. Please click on the link below for a brief survey. Participation is completely optional. All responses are anonymous and are not linked to this resource.

https://www.surveymonkey.com/r/OER_IPC_2025

70.

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Healthcare Excellence Canada. https://www.healthcareexcellence.ca/en

Institute for Healthcare Improvement. https://www.ihi.org/

Nundy, S., Cooper, L. A., & Mate, K. S. (2022). The quintuple aim for health care improvement: A new imperative to advance health equity. *Journal of the American Medical Association, 327*(6), 521–522. https://doi.org/10.1001/jama.2021.25181

Team Primary Care. https://www.teamprimarycare.ca/

Authors

Moni Fricke(she/her), PhD, BMR(PT), is a physiotherapist with almost four decades experience and an expert in collaborative practice for relationship-focused care and services. She learned much of what it means to be collaborative in healthcare while working with older adults in a tertiary care setting, and in remote communities in northern Manitoba and Nunavut. Moni is passionate about team-based care for improving health outcomes and preparing future health and social care providers for complex and evolving practice settings that emphasize health equity, social justice and sustainability. Moni was the College of Rehabilitation Sciences Lead with the Office of Interprofessional Collaboration, Rady Faculty of Health Sciences from 2016 to 2025, and the inaugural Director from 2019-2025. Email: Moni.Fricke@umanitoba.ca

Laura MacDonald(she/her), PhD, RDH is a dental hygienist with over four decades of experience as a University of Manitoba educator serving across the University, particularly from an interprofessional and interdisciplinary collaborative lens and interprofessional education pedagogy. She is committed to creating healthy learning spaces and relationships and is an expert in education theory and practice. Inspired by the Okanagan Charter on Health Promoting Universities and Colleges, Laura is devoted to collaborative teamwork as a means of promoting the health of people who 'live, learn, work, play, and love' on the Rady Faculty of Health Sciences campus, thus contributing to the health and wellbeing of our wider society. Health and social care provider learners learning 'with, from, and about each other' for better health for all promotes healthy learning. Laura has been the Dr. Gerald Niznick College of Dentistry and School of Dental Hygiene Lead with the Office of Interprofessional Collaboration, Rady Faculty of Health Sciences since its inception in 2016. Email: Laura.MacDonald@umanitoba.ca

Michelle Boyce (she/her), BSc, BSc(Pharm), ACPR, RPh, is a pharmacist with over five years of experience and specializes in hospital pharmacy practice. Following the completion of her pharmacy residency at The Ottawa Hospital, she worked temporarily in various areas of the hospital including internal medicine, general surgery, orthopedic surgery, and neurology, prior to obtaining a permanent full-time position in Stem Cell Transplant and CAR T-Cell Therapy (Transplantation and Cellular Therapy). Michelle collaborated closely with a variety of healthcare providers including but not limited to physicians, physician assistants, nurse practitioners, nurses, healthcare aides, physiotherapists, occupational therapists, social workers, and clinical health psychologists. As a result of working with such an incredible team, she saw firsthand how important collaborative team-based care is in order to provide safe and quality person centered-care. Michelle joined the College of Pharmacy, University of Manitoba in 2023 and is the College's Lead with the Office of Interprofessional Collaboration, Rady Faculty of Health Sciences. Email: michelle.boyce@umanitoba.ca

Biographies of People with Lived Experiences

Thank you to the following individuals (in alphabetical order) who contributed to this module by sharing their expertise and lived experiences of collaborative team-based care.

Sarah Beckman (she/her), RN, MSN-NE, BScAg, is a nursing instructor and the interprofessional education lead for the Bachelor of Science in Nursing program at the Medicine Hat College. Given her extensive background in acute care nursing as a bedside nurse, clinical nurse educator, and nursing unit manager, her areas of interest include acute care nursing, leadership, and collaborative care. To maintain a connection to the reality of Alberta's health system, Sarah continues to work casually as a Registered Nurse on a medical unit, drawing on these experiences to assist student learning.

Sandra Biesheuvel (she/her), BSc, RRT, CTE. As a registered respiratory therapist for 30 years, Sandra has worked to her full scope of practice with patients of all ages in community, long term care, primary care, and acute care in both rural and urban settings. For over a decade, Sandra has been teaching in the only Bachelor's entry to practice respiratory therapy education program in Canada at the University of Manitoba, where she shares her passion for expanding the profession in primary care settings. Her interest in simulation in RT education and interprofessional education have provided her with many opportunities to collaborate across various health professions.

Miriam Brown (she/her), RM, MSc(C), has worked as a midwife in Manitoba since 2009. During her career, she has practiced in both rural and urban settings in all levels of facilities, from small community hospitals to tertiary level facilities. Miriam also enjoys supporting clients who have chosen to birth outside of a hospital, attending hundreds of home and birth centre births during her career. Miriam is a fierce advocate for reproductive rights and choices for all people and a champion of person-centred care. She is an action orientated researcher and clinician with a focus on reconciliation through hands-on culturally safe and compassionate primary healthcare.

Mandy Buss (she/her), MD, CCFP, is Metis from the Red River Settlement in Manitoba and was born and raised in Manitoba. She did her Residency in the Northern Remote Family Medicine program and spent the first five years of practice working in First Nations Communities in Northern Manitoba. She currently works as a family physician at Northern Connections Medical Center in Winnipeg Manitoba with the University of Manitoba Northern Remote Family medicine program. Dr. Buss is the current President of the Indigenous Physicians Association of Canada, sits on the executive committee for the National Consortium for Indigenous Medical Education, and is on the College of Family Physicians of Canada's Indigenous Health Committee.

Ming-Ka Chan (she/her), MD, MHPE, FRCPC. As a pediatric clinician educator, Ming-Ka has focused on supporting learners, faculty, alumni and staff through work in leadership education, social and climate justice. She has worked as a hospitalist, emergency physician, and consulting pediatrician on Treaty 1 Territory (Winnipeg) and more recently as a consulting pediatrician for Jordan's Principle on Treaty 5 Territory (Nisichawayasihk Cree Nation). An uninvited guest on Turtle Island who immigrated at the age of seven years via Hong Kong/China, she considers her positionality and works to apply a social justice lens to her work as a clinician, educator, researcher, leader and coach at local, national, and international levels.

Diabetes Education Resource for Children and Adolescents (DERCA) provides team-based specialized evidence-based care, education, support, advocacy, and research for children and youth living with diabetes in Manitoba.

Moni Fricke (she/her) PhD, MSc, BMR (PT). Over her extensive career in physiotherapy, Moni has worked in tertiary care, primary health care, community health and on-reserve in northern Manitoba, and in higher education. Moni's critical reflection of her own positionality as an uninvited guest on Turtle Island has been strongly influenced by her past clinical, administrative, and scholarly work in remote Indigenous communities in northern Canada. She attributes her appreciation for collaborative teamwork on the remarkable individuals and communities she has had the honour of working with over her career. Her passion for collaboration is reflected in her on-going engagement and leadership with the University of Manitoba Office of Interprofessional Collaboration; the Canadian Interprofessional Health Collaborative (CIHC, https://cihc-cpis.com/); the Association of Faculties of Medicine of Canada (AFMC)-IPE Network; and the Royal College of Physicians and Surgeons of Canada in the revisions to the collaborator role in the CanMEDS framework 2026.

Beverly G, patient partner, has been actively involved as a patient partner for many years through her involvement on several hospital-based committees, as a Director on a national Board focused on interprofessional education and collaboration, teaching students from a variety of health professions and organizations across Canada about her lived experiences, facilitating interprofessional education sessions, and as a health mentor to students. Professionally, Beverly worked in the maternal-child health system in both clinical and administrative roles for 36 years before retiring in 2024.

Ruby Grymonpre, BSc(Pharm), PharmD, FCSHP. Currently retired, for over 40 years Ruby was a professor in the College of Pharmacy, University of Manitoba with particular expertise and interest in Geriatric Pharmacy and interprofessional education. Her clinical practice and research engaged older adults and their families/care providers in the community, hospital and long term care settings to optimize medication use and improve health outcomes. Ruby was a founding member and more recently elected an honorary director of the Canadian Interprofessional Health Collaborative (CIHC, https://cihc-cpis.com/), as well as InterprofessionalResearch.Global (https://interprofessionalresearch.global/).

Jillian Horton, MD, MA, FRCPC, is an Associate Professor of Internal Medicine at the University of Manitoba. In her 20 years as a medical educator, she has won numerous awards, including the AFMC Gold Award for her leadership in bringing more compassion to medical training and patient care. Dr. Horton has completed additional training in physician health at the University of Rochester and Stanford University. Her writing about medicine and medical culture appears regularly in such publications as the Los Angeles Times, the Globe and Mail, and she is the author of the award-winning national bestseller, *We Are All Perfectly Fine: A Memoir of Love, Medicine and Healing*, which is currently being adapted as a television series.

Darlene Hubley (she/her), MScCH, BScOT, OT Reg, has practiced in pediatrics rehabilitation for over 20 years. She is the Interprofessional Education Leader at Holland Bloorview Kids Rehabilitation Hospital and lecturer in the Department of Occupational Science and Occupational Therapy at the University of Toronto.

Deveren Klepka (she/her), BSW, is the Transition Coordinator at the Diabetes Education Resource for Children and Adolescents (DER-CA). She has a social work background and has been in her position since 2023. As transition coordinator she primarily focuses on a 16 to 19 year old age range to aid and support those transitioning from pediatric to adult care.

Dean Lising (he/him), MHSc BScPT BSc, is the Integration Lead, Collaborative Healthcare & Education, at CACHE, University of Toronto (UT). He has appointments as an Assistant Professor, Department of Physical Therapy (PT), Temerty Faculty of Medicine, UT and Education Investigator 2, The Institute for Education Research, University Health Network (UHN). Dean has led interprofessional (IP) teams in professional practice, redevelopment, management roles. As Director, BOOST! and Co-Lead, VITAL programs at CACHE, Dean supports IP teams in communication/

conflict, role clarity, psychological safety, well-being and virtual care. Dean's research interests include regulated and collaborative learning, interprofessional competencies, quality improvement, student-led environments and simulation. He is also studying as a PhD Student in Health Professions Education Research at Wilson Centre, Institute for Health Policy Management and Evaluation, UT. He continues to work as a PT in inpatient, outpatient and community settings.

Sara Martin(she/her), RN, BN, spent the beginning of her career as a bedside nurse. She worked many years on the children's oncology inpatient ward and recently made the switch to be a nurse educator with the Diabetes Education Resource for Children and Adolescents (DER-CA). Her experiences in and out of the hospital setting have driven her passion to help families thrive in tough situations.

Susanna McLeod (she/her), BRS, CVA, is the Patient Engagement Consultant with Shared Health Manitoba. Susanna has over 29 years of experience in volunteer and community engagement across the healthcare system including long term care, acute care and community health. In her current role, she engages patients, families and the public who share their lived experiences and provide their input and perspectives to help improve the healthcare system.

Kateryna Metersky (she/her), RN, PhD. Over the course of her nursing career, Kateryna has worked in acute care, nursing education, and research across academic and clinical settings. Her work is deeply informed by her commitment to person- and family-centered care, interprofessional collaboration, and equity-oriented practice. Kateryna's reflection on her own positionality—both as a nurse and a patient—has been shaped by her lived experience navigating the healthcare system, as well as her scholarly and professional engagement with marginalized populations in urban and institutional contexts.

Rebecca Mueller (she/her), MSc, PA-C, has spent her clinical career in palliative medicine supporting end-of-life care for patients across urban and rural Ontario and Manitoba. Throughout this time, she has been dedicated to advancing the educational standards of physician assistants in Canada spearheading curriculum renewal, program expansion, and securing student funding initiatives.

Jodene Neufeld (she/her), MOT, BMR(OT). Over Jodene's career in occupational therapy, she has worked in a variety of collaborative team settings including community health, primary care, schools in northern Manitoba, and in higher education. Jodene's interest in interprofessional team functioning has grown through experiences with teams in a variety of sectors and critical reflection on what helps a team function well.

Peter Nickerson, MD, FRCPC, FCAHS, is Vice-Provost (Health Sciences), Dean, Rady Faculty of Health Sciences, Dean, Max Rady College of Medicine and Distinguished Professor of Medicine and Immunology at the University of Manitoba. Dr. Nickerson is a clinical nephrologist at the Winnipeg Health Sciences Centre and a medical consultant at the Transplant Immunology Laboratory with Shared Health. Internationally renowned in his field, he directs a research program focused on mechanisms underlying transplant rejection, non-invasive techniques for diagnosing kidney transplant rejection, and health system design to improve access to transplants and outcomes for patients.

Ivy Oandasan (she/her), MD, CCFP, MHSc, FCFP. For over 30 years, Ivy has devoted her career as a family physician, a scholar focused on health professions education with key foci in family medicine education and interprofessional education, and as a leader influencing health system reform with an emphasis on primary care through the advancement of training and policy changes to advance team-based care locally, nationally and internationally. As a person of color, of Filipino descent, born in Canada, with parents who immigrated to Canada in the 1960s, their experience of racism and discrimination, and her own lived experiences of being "othered" have influenced her actions to embed equity and inclusion in her practice, scholarship and leadership activities.

Cheryl Olfert, RN, MN, has worked as a nurse and nurse practitioner in urban, rural, and

northern Manitoba, as well as around the world. Her experience includes critical, primary care, and now focuses on addiction care. Her experiences have developed a passion for providing collaborative care to those facing complex challenges and determinants of health. Cheryl, in her roles teaching and as the Director of the Nurse Practitioner Program at the University of Manitoba, is committed to the teaching and learning of nurses transitioning into the nurse practitioner role to provide holistic care.

Oyin Otubusen (she/her), PhD(C), MPT, BPharm, is a physiotherapist, healthcare leader, and emerging critical researcher. Her career path is deeply influenced by the African philosophy of Ubuntu, which emphasizes collectivism over individualism. This foundational perspective shapes her commitment to collaborative and community-oriented leadership and research practices.

Rapid Access to Addictions Medicine (RAAM) clinics provide team-based drop-in services for adults (18+) looking to get help with substance use and addictions. This includes people who want to try medical assistance to reduce or stop their substance use. RAAM clinics are also for people who may have substance-related health issues, such as hepatitis, pancreatitis, or infections, among others. See https://sharedhealthmb.ca/services/mental-health/mha-services/raam-clinic/.

Lindsay Sawatsky (she/her), RD, CDE, has worked for over 10 years as a registered dietitian and certified diabetes educator at the Diabetes Education Resource for Children and Adolescents (DER-CA) in Winnipeg, Manitoba. She is passionate about supporting families who have a child living with diabetes. Lindsay loves going to diabetes camp as medical staff, travelling up north to see patients in their home communities for their diabetes care, and the team collaboration that comes along with pediatric diabetes care.

Amrinderbir Singh (he/him/his), DDS, MPH, is an Assistant Professor, Dental Public Health, Director of Academic Program and Director of Community Outreach at the University of Saskatchewan's College of Dentistry. He is also the current President of Canadian Association of Public Health Dentistry (CAPHD). He joined USask after working for four years in Northern Saskatchewan in different capacities as Director of Primary Health Care with Saskatchewan Health Authority and Regional Inter-sectoral Coordinator with Northern Human Services Partnership. With extensive experience working with Northern Saskatchewan communities, Dr. Singh's role at USask is to explore opportunities for innovation to extend service and care to priority populations outside of cities. Dr. Singh has spent his career developing and executing a comprehensive, integrated and community based holistic health model.

Lanette Siragusa (she/her), RN, MN, has served within the healthcare system for over 30 years as a registered nurse in clinical, research, education and administrative roles. As Vice Dean Education with the Rady Faculty of Health Sciences, University of Manitoba, she is an avid supporter of interprofessional practice.

Vicki Verge (she/her), MSW, RSW, is a proud social worker. For over 30 years, Vicki has worked in health and social services in various leadership roles. Her work in tertiary care, primary health care, community health, and in her current roles in regulation and field education have helped her appreciate the value of teamwork. Vicki believes that collaborative interprofessional teams have the capacity to improve services, support our service participants and their community, reduce risks and help all professionals be successful in their work.

Amanda Wolfe (she/her), BScPharm, ACPR, RPh, works as part of an interprofessional palliative care team as a clinical pharmacist and is an assistant clinical professor for the pharmacy program at the University of Ottawa. She also has many years of experience as a clinical pharmacist in oncology. She participates in various research projects and plays an active role as a preceptor and mentor to residents and students in pharmacy and medicine.

Kathy Yerex (she/her), RDH, BSc, is Red River Métis, born and raised on Treaty 1 Territory, with paternal roots in Treaty 4 Territory and European ancestry on both sides of her family. She is a full-time

associate professor at the School of Dental Hygiene, Dr. Gerald Niznick College of Dentistry, University of Manitoba. In the early stages of her research career, Kathy has diverse interests aimed at improving oral health outcomes, whether directly through patient care or indirectly through student education. Her current research focuses on the oral microbiome and its relation to oral diseases, the oral health of Canadian Indigenous children, and the scholarship of teaching and learning.

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