



## THE RECIPE FOR SUCCESSFUL INTERPROFESSIONAL COLLABORATION

### WHAT IS INTERPROFESSIONAL COLLABORATION AND COLLABORATIVE CARE?

The Canadian Interprofessional Health Collaborative defines interprofessional collaboration as a “partnership between a team of health providers and a client in a participatory collaborative and coordinated approach to shared decision making around health and social issues.”<sup>1</sup> Successful interprofessional collaboration utilizes the skills and knowledge of nurses, physicians and other healthcare providers effectively and efficiently. The overarching goal of interprofessional collaboration is the delivery of optimal patient care.

### WHAT ARE THE DETERMINANTS OF SUCCESSFUL INTERPROFESSIONAL COLLABORATION?

Interviews with sixty healthcare professionals who are engaged in interprofessional practices suggest that understanding and appreciation of each other’s professional roles and responsibilities, and excellent communication skills, are the two most important core competencies for patient-centred collaborative practice.<sup>2</sup> These broad competencies are reflected in the following critical determinants of successful collaboration as identified through a literature review by Martin-Rodriguez et al.:<sup>3</sup>

- **Willingness to Collaborate** – In any environment, the willingness to collaborate is a voluntary decision. It requires an approach where participants are not competitive, but instead search for answers to clinical problems that draw on the most effective and efficient use of each partner’s expertise. When we encounter certain attitudes, we may assume that particular members of our profession, or

others, lack willingness to collaborate. However, effectively communicating details about specific patient benefits of collaboration, as well as the potential for increased efficiencies in patient care services, may increase an individual’s willingness to collaborate.

- **Communication** – Although it would appear fairly intuitive, communication skills of health professionals have been found through research to play a critical role in the development of collaborative relationships. There are three main reasons why this is so. First, good communication contributes to a health professional’s understanding of how his/her work contributes to patient care objectives and outcomes, and the ability to convey this to other professionals. Second, good communication facilitates constructive negotiations with other health professionals. Finally, excellent communication helps to build mutual respect and mutual trust with other health professionals.
- **Credibility, Trust, and Mutual Respect** – Although these are all separate determinants of successful collaboration, they usually go hand in hand. All are earned through development of relationships with other health professionals and previous positive experiences. Studies have shown that professionals consider trust an indispensable quality for collaborative working relationships. Mutual respect implies that there is knowledge and recognition of the complementary nature of the contributions of the various professionals that are in collaboration with each other.
- **Role Clarity** – If a collaborative professional partnership is to be successful, role clarity is critical. The following are key principles of this component:<sup>4</sup>

Each participant must:

- Know the responsibilities, constraints, and limitations of one’s own role and be able to articulate how his or her work contributes to patient outcomes and team objectives.
- Be familiar with and respect the other professional’s roles and contributions to patient outcomes.
- Recognize the existence of professional cultures and impact of labelling/stereotyping.
- Understand separate and shared functions.

It is important to remember that communication in the written form (i.e., documentation) is also a critical component of effective interprofessional collaboration. Succinct and accurate documentation of items such as the medical record, resident assessments, recommendations, treatment records, lab and special reports, consents, acknowledgements and notices, advance directives and discharges/transfers are a key component of optimal patient care. A standardized method of documentation (e.g., SBAR – Situation, Background, Assessment, Recommendation) can help team members quickly assess information required from the patient record. Effective documentation methods will be a topic of a future Medical Pharmacies Tablet.

Effective interprofessional collaboration promotes increased quality of patient care and should, therefore, be a goal for every healthcare team. In addition to the determinants of successful interprofessional collaboration already described, team effectiveness requires open communication, members seeing their role as important to the team, the existence of autonomy, and equality of resources.<sup>1</sup> **MPT**

1. Bridges DR, Davidson RA, Odegard PS, et al. Interprofessional collaboration: three best practice models of interprofessional education.
2. Suter E, Arndt J, Arthur N, et al. Role understanding and effective communication as core competencies for collaborative practice. *J Interprof Care* 2009; 23:41-51.
3. San Martin-Rodriguez L, Beaulieu MD, D'Amour D, Ferrada-Videla M. The determinants of successful collaboration: a review of theoretical and empirical studies. *J Interprof Care* 2005;19 Suppl 1:132-147.
4. University of Toronto Office of Interprofessional Education 2007. Collaboration in Primary Care.

## Coming Soon: Two new drugs for the treatment of COPD.

Health Canada has issued notices of compliance for two new inhaled drug products for the treatment of COPD. They are expected to be available by the end of 2013.

### Breo Ellipta®

Breo Ellipta® contains two medicinal ingredients: the inhaled corticosteroid fluticasone furoate and the long-acting beta<sub>2</sub>-agonist vilanterol in a dry powder inhaler dosage form. It is a long-term once-daily maintenance treatment of airflow obstruction in patients with COPD, including chronic bronchitis and/or emphysema, and reduces exacerbations of COPD in patients with a history of exacerbations.

Fluticasone furoate/vilanterol is not indicated for the relief of acute bronchospasm in COPD and is not indicated for treatment of asthma. It should not be used in patients younger than 18 years of age.

#### *Dose & Administration*

The recommended dose of fluticasone furoate/vilanterol is 100 mcg/25 mg by dry powder inhaler once daily at about the same time each day.

#### *Adverse Effects*

The most common adverse effects experienced in clinical trials were nasopharyngitis (9% vs. 8% placebo), headache (7% vs. 5% placebo), upper respiratory tract infection (7% vs. 3% placebo), and oral and oropharyngeal candidiasis (5% vs. 2% placebo). **DN**

### Striverdi Respimat®

Striverdi Respimat® is the brand name for the inhaled drug olodaterol, a long-acting beta<sub>2</sub>-agonist in a multi-dose inhaler dosage form. Olodaterol is indicated for long-term, once daily maintenance bronchodilator treatment of airflow obstruction in patients with COPD, including chronic bronchitis and emphysema.

The drug is not indicated for the relief of acute deterioration of COPD and is not indicated for the treatment of asthma.

#### *Dose & Administration*

The recommended dose of olodaterol is 5 mcg (2 actuations) once daily inhaled via multi-dose inhaler approximately 24 hours apart. The mist emitted by the inhaler is slow moving to enhance medication inhalation.

#### *Adverse Effects*

Adverse events which occurred in clinical trials at a rate that was at least 2% greater than placebo included nasopharyngitis, upper respiratory tract infection, bronchitis, urinary tract infection, dizziness, cough, diarrhea, rash, back pain, and arthralgia. **DN**

*(Refer to the product monographs for complete information.)*