Title: Professional Collaboration

Collaboration generally means to work together. Each professional in a collaborative relationship shares information and resources and is accountable for the process and outcomes specific to their specialty. Collaboration implies a process called team work in which all healthcare team members work together and consult with each other depending on the patient’s needs or health status. When individuals and groups collaborate or work together successfully, the whole is greater than the sum of the parts. The richness of the contribution of each member is reflected in services and outcomes that would not be achieved by individual members in isolation.

With the complexity of health care increasing, quality care often requires care from many types of professionals. Nurses bring a nursing perspective and nursing skills to patient encounters. Some of the unique skills specific to nursing include knowledge of family and community resources, clinical experience in home care and public health, health promotion, health education and counseling, patient empowerment to follow medical regimen and prevention strategies and a holistic care approach. All nurses share a commitment to quality care that is patient-centered. Effective collaboration among nurses and within organizations is essential in order to achieve quality patient outcomes. Collaboration in the practice setting is evident when nurses: talk with one another, share perspectives, plan together and provide care, are clear about their roles and the roles of others, and support and assist each other in the interest of client care.

Collaborative nursing practice faces many barriers. A lack of understanding of the roles of other nursing groups and inconsistencies prevent nurses from working together effectively. A lack of clarity of roles is further eroded by archival perspectives that do not reflect current realities. When understanding of roles is enhanced, respect for each nurse’s contribution is also increased. Your attitude as a nurse with fellow healthcare members can make or break how you are accepted into the organization.

Nurses require access to supports and resources in order to provide safe and appropriate care. These include effective nursing leadership, appropriate and sufficient staff, adequate nurse-patient ratios, organizational support for collaborative practice and sufficient time to discuss patient care needs with colleagues.

Collaboration and consultation are essential elements of safe, competent, ethical nursing practice. Nurses are expected to collaborate with patients, with each other and with members of the health care team for the benefit of the patient. Nurses are also expected to consult with others when any situation is beyond their competence. Collaboration is ongoing communication and decision-making with the goal of working toward identified patient care outcomes. Effective communication skills are critical to successful consultation and collaboration.

As a nurse think about what are you doing as a nurse and consumer of healthcare to promote collaborative relationships among nurses and other healthcare team members.

Learning Objectives:

Upon completion of this education module, the newly licensed Registered Nurse will:

1. Describe own strengths, limitations and values in functioning as a member of a team.

2. Respect unique attributes that other intergenerational health care members bring to the workplace.

3. Describe sources of conflict in the healthcare environment.

4. Discuss strategies for communicating and resolving conflict among healthcare team members in the workplace.
5. Evaluate how you feel about being a newly licensed Registered Nurse and how you are treated by others in the healthcare arena.

6. Analyze differences in communication style preferences among patients and families, nurses and other members of the healthcare team.

Interactive Exercises:

1. Ask yourself the following questions. Do your answers reflect a positive or negative attitude?
   - Do you find that no one wants to work with you?
   - Are you constantly preoccupied with how everyone else does their job?
   - Is it your way or no way?
   - Do you worry about how will be perceived by others?
   - When working with a new nurse do you feel a loss of control over your job assignment?
   - Are you a moaner and groaner?
   - Do you think that no one else does anything right?
   - Do you always have to make yourself the hero?

2. Make a list of your opinions related to nursing as a job or nursing as a profession. Discuss these differences with your preceptor. What is nursing to you?

3. Read the paper on intergenerational nurses and discuss it with fellow nurses at your facility.

4. Observe your workplace environment for examples of conflict that occur. How can the conflict be resolved?

5. Read the by Judith Meissner, "Nurses: Are we still eating our young?". Discuss the major points of this article with your preceptor.

6. Do you avoid working with “the new nurse” for fear of her critiquing everything you do? Does the thought of working closely with someone and sharing your knowledge and expertise make you feel uncomfortable? Do others fail to meet your standards? Do you feel better than your peers and co-workers because you believe you hold yourself to a “higher standard”?

7. Read the article on Lateral Violence by Patricia Rowell. After reading the article, answer the following questions. Are there behaviors at your workplace that are representative of lateral violence? Discuss with your preceptor a definition of lateral violence, its characteristics and methods you can use as a new nurse to deal with it if it occurs.

8. Answer the following questions: How do you deal with conflict? What is your pattern of conflict management? Do you get angry when you are in conflict with others, stop talking, walk away, sulk, seek revenge? Has this been an ongoing pattern for you? How does it affect your clinical practice? How does it affect your relationship with peers? Do the effects of work conflict affect your home environment?

9. Attend an interdisciplinary care plan team meeting. Observe for behaviors that indicate collaboration or lack of collaboration among the members of the team.

10. Volunteer to be on a committee in your facility. What are the responsibilities required of the members on the committee? Are there collaborative activities? How do these get accomplished?
11. Identify the types of organizational supports and resources for collaborative practice that are in place where you work? With which health professionals do you collaborate? What opportunities do you have for communicating with your colleagues? Where do you go when you have concerns or questions about your role?

12. Review the policy and procedure manual at your place of employment. How do you know what is expected of you in relation to the policies and procedures specific to your clinical setting? How do you become competent to carry out the activities in your practice area? How would you discover the limits placed upon you by your employer in relation to your practice?

13. Do a self-evaluation of your clinical performance utilizing the evaluation tool your supervisor will use to evaluate you. With your preceptor, practice how you would discuss your clinical performance to-date at your place of employment. Include areas you feel comfortable with and those areas where you need improvement.

14. What is nurse “burnout”? What are the contributing factors that cause a nurse to be at-risk for nurse burnout? Do lack of collaboration and conflict with co-workers lead to poor job satisfaction and burnout?

15. Give examples of collaboration activities that you have observed at your workplace between members of different health care departments or different job classifications (i.e., dietary, physical therapy, pharmacy, housekeeping, etc.). Did the collaboration focus on the patient’s best interest or were they negative collaboration? How do you collaborate with physicians? Discuss how you feel about your collaborative role with physicians with your preceptor.

16. Review the following information on LPN/RN collaboration and consultation. Consultation is seeking advice or direction from a more experienced or knowledgeable nurse or other health professional. The patient’s care needs, the nurse’s job description and the nurse’s competence influence both the amount of consultation required and who to include in the consultations. (See diagram below). The resources available in the practice environment influence the opportunity for consultation.
17. Answer the following questions in reference to the above information. How do LPNs access RNs for clinical guidance in your setting? What supports are in place to ensure appropriate assignments? How do assignments between nurses take place? With whom do you collaborate? With whom do you consult? What is the difference? Describe areas of overlap in the roles of RNs and LPNs.

18. Read the following case scenario and discuss it with your preceptor or fellow coworkers.

An LPN is caring for Mary Brown, an 86 year old widow living in an assisted living facility with a supportive family living nearby who takes her out at least once a week. Mary has arthritis, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). The LPN is regularly assisting Mary with the administration of bronchodilators and assessing their effectiveness. Mary’s care needs are well defined and established. The LPN provides emotional support and teaches the client to watch for increased shortness of breath.

**CARE PLAN:** Based on Mary’s current condition and care needs, the LPN is able to provide care to Mary following the established care plan.

**CHANGING CIRCUMSTANCES:**

The LPN observes that Mary is becoming short of breath with activity. Mary reports that she is spending more time in bed or sitting in her favorite chair because she finds it difficult to walk due to shortness of breath and fatigue. Her family is on vacation and she has not had any visitors for over two weeks. The LPN consults with the RN: “I have assessed Mrs. Brown due to her increasing shortness of breath and am concerned because of her history of CHF and COPD. She’s on several medications and needs assistance with her bronchodilators because of arthritis in her hands. She is usually active but reports she is now spending more time in bed because she finds it difficult to walk due to the increased breathing difficulty and resulting fatigue. Her family is usually very involved in her care but they are on vacation. I think we need to check her oxygen saturation on a regular basis, and maybe she needs a schedule change so she can have her bronchodilator more frequently, and her medicated nebulizer treatment PRN.” The RN agrees...
with the LPN’s recommendation that she assess the patient’s oxygen saturation. She also asks the LPN to assess Mrs. Brown’s lung sounds and review her breathing pattern with ambulation. The RN will then contact the provider to seek a change in Mrs. Brown’s medication schedule. The LPN reports that the oxygen saturation is 92% but drops to 88% with ambulation; Mrs. Brown has diminished lung sounds in the bases bilaterally and she can walk approximately 25 feet before becoming short of breath.

**CARE PLAN:** Based on Mary’s changing care needs, the LPN requires additional consultation with the RN.

**CONTINUING CONSULTATION AND ASSESSMENT:**
A week later, Mary’s health status continues to decline. Her shortness of breath has worsened and she has edema in both legs. She is unable to walk because of her shortness of breath and a lack of energy. She requires oxygen and adjustments in her medications, and she has been started on a steroid inhaler. The nature and timing of outcomes and her responses to care are no longer predictable. Consequently, the LPN consults with the RN who assesses Mary and determines that the competencies of a RN are required and assumes assigned care for Mary. The RN will continue to assess the situation and transfer the care of Mary back to the LPN when Mary’s care needs become less complex and more predictable.

**CARE PLAN:** Mary’s care needs have become more acute and more complex with less predictable outcomes and the RN should provide primary care for Mary.

19. Utilize the “Can-Should” analysis in the following situation. **“Can” a nurse carry out an activity versus “should” a nurse carry out an activity.**

A nurse working in an acute care hospital is caring for a client who has been admitted for hip replacement surgery. The patient is on peritoneal dialysis which she manages independently at home. Patients on peritoneal dialysis are rarely admitted to this hospital. Instead they are usually transferred to a different hospital or they manage their own peritoneal dialysis. The patient’s husband asks if the nurse will be doing his wife’s peritoneal dialysis.

To answer the question, apply the **“CAN-SHOULD”** analysis:

**CAN** the nurse manage peritoneal dialysis? Yes, it is within the nurse’s scope of practice.

**SHOULD** the nurse manage peritoneal dialysis? The answer depends on a number of factors:

a) Is the nurse competent to care for a patient on peritoneal dialysis?
b) What is the employer’s policy regarding patients who require peritoneal dialysis?
c) Is it in the patient’s best interest for the nurse to manage the peritoneal dialysis at this time or are there other options? For example, is the patient able to manage it herself? If not, can she be transferred to another facility?
d) What supports are in place? Who are the experts? Who is available for consultation? Is the necessary equipment available?

20. Review the table below with your preceptor.

<table>
<thead>
<tr>
<th>Difference Between the Roles of the RN and the LPN</th>
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<tbody>
<tr>
<td><strong>Five Nursing Roles</strong></td>
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<tr>
<td>------------------------</td>
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<tr>
<td>Position</td>
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<td>Professional</td>
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<td>Provider of Care</td>
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<td>Teacher</td>
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<td>Researcher</td>
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<tr>
<th>Expectations</th>
<th>Registered Nurse</th>
<th>Licensed Practical Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td>Assesses and makes decisions about actual or potential patient problems and strengths. Makes nursing diagnoses to identify conditions. Anticipates and recognizes subtle change.</td>
<td>Assesses and identifies the status of actual or potential patient limitations and strengths. Recognizes changes.</td>
</tr>
<tr>
<td><strong>Planning</strong></td>
<td>Leads and coordinates the care planning process. Develops care plans focusing on day-to-day, medium and long-range plans for care.</td>
<td>Collaborates, contributes and participates in the care planning process. Reviews and interprets the plan of care focusing on current and day-to-day needs of patients.</td>
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<tr>
<td><strong>Implementation</strong></td>
<td>Coordinates and oversees the overall care and provides clinical expertise and leadership for the plan of care. Coordinates the care of patients regardless of acuity, complexity, variability and predictability. Directs plans of care for highly complex patients. Meets immediate and anticipated long-term patient needs, drawing from a comprehensive assessment and a wide range of options. Manages multiple nursing interventions simultaneously in rapidly changing situations. Designs, coordinates and implements health programs, including teaching.</td>
<td>Selects and implements appropriate nursing interventions according to the plan of care. Coordinates care of less acute, less complex, less variable patients with more predictable outcomes. Provides elements of care for highly complex patients in close consultation with the RN coordinating that patient’s care. Meets current identified patient care needs drawing from the known range of options included in the care plan. Performs planned nursing interventions and responds appropriately to changing situations or emergencies. Teaches and delivers elements of established health programs.</td>
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<tr>
<td><strong>Evaluation</strong></td>
<td>Monitors and interprets changes in patient status and response to interventions and revises the plan of care as necessary.</td>
<td>Monitors and recognizes changes in patient status and response to interventions and participates in revising the plan of care.</td>
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</table>
21. Not knowing your own scope of practice can lead to collaboration problems with others in the workplace. Occasionally, in practice, LPNs may be given too much responsibility as it relates to the care plan for the patient. As an RN review the following table to be sure that you have a good understanding of LPN scope of practice as it relates to the steps of the nursing process. Review your responsibilities as they relate to the following table in reference to your role in the acute care patient admission assessment and/or the MDS assessment of a long term care patient.
<table>
<thead>
<tr>
<th>REGISTERED NURSE (Delegation)</th>
<th>LICENSED PRACTICAL NURSE (Direction)</th>
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<tr>
<td><strong>THE RN MAKING THE ASSIGNMENT</strong></td>
<td><strong>THE LPN ACCEPTING THE ASSIGNMENT</strong></td>
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<tr>
<td>Is responsible for the decision to assign and reassign patients and/or patient care functions appropriately.</td>
<td>Accepts the assignment from a care provider that has the scope of practice for the required care being assigned.</td>
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<td>Must be familiar with the patient population, the practice setting and the nursing practice within the setting in order to make safe and appropriate decisions about assignments.</td>
<td>Accepts assignments within the employing agency’s model of nursing care delivery, which provides a reference about who is responsible for decision-making about patient care, how work is assigned to staff and how patient care is communicated.</td>
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<td>Makes an overall determination of patient status.</td>
<td>Is aware of own limitations of practice determined by educational preparation, competencies, knowledge, critical thinking and the ability to apply clinical judgment.</td>
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<td>Decides which category of nurse has the required competencies to meet patient care needs by considering the patient, the tasks and the practice environment.</td>
<td>Ensures clarity of role expectations and lines of communication.</td>
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<tr>
<td>Uses a collaborative approach to assign patients and/or functions and to clarify responsibilities related to the assignment.</td>
<td>Ensures consultation with others when personal limits (knowledge, skill and judgment) exceed the requirements to provide safe, competent and ethical care.</td>
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<td>Provides support to the nurses providing care.</td>
<td>Ensures effective communication and collaboration when consulting with others.</td>
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<tr>
<td>Is responsible for identifying agency policies and supports regarding assignment, following the agency process for evaluating assignment decisions, and providing feedback to employers related to this process.</td>
<td>Is able to determine the patient’s complexity status on the continuum from less complex, predictable and probable outcomes to highly complex, unpredictable and potentially high-risk negative outcome.</td>
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22. It is important for RNs and LPNs to know who they can assign to and what kind of assignments they can accept. Review the table below and ask your preceptor for clarification.

23. Here are some questions and answers to ponder.

**Can LPNs initiate wound care?**
LPNs provide nursing care for which they have education and ability. This means that if they have the competencies, LPNs may initiate wound care as part of the care plan but only after consultation and collaboration with a RN or under the direction of a medical practitioner.

**What are my responsibilities if I see evidence of unsafe or incompetent nursing practice that may pose a risk to patients?**
RNs and LPNs have an ethical and professional responsibility to report any unsafe practice or professional misconduct of regulated health professionals.

**Do RNs and LPNs need to document the consulting they have done with each other?**
RNs and LPNs document patient assessments, interventions and patient responses to interventions, follow-up actions and any advocacy undertaken on the patient’s behalf. When consultation occurs, nursing documentation includes the name of the person with whom the nurse has consulted, the information or concerns reported, the guidance provided and any follow up actions in response to the consultation.

**What if I am asked to carry out an activity for which I am not competent to do?**
RNs and LPNs are responsible and accountable for their own individual competence. They are expected to practice competently and to continually acquire new knowledge and skills in their area of practice. When nurses are asked to carry out activities for which they are not competent, they discuss the issue with the person making the assignment so that alternate arrangements can be made for providing care. They provide only the care they are competent to give while seeking out ways to gain the competencies required in their role.

**I just started a new job and because of facility policy I’m not able to do all the things I was able to do in my old job. What can I do?**
Nurses receive direction for their practice in a variety of ways. One of these is through employer policies. Standards of practice set the expectations for the RN and LPN. From these, the employer develops policies around what is appropriate practice for nurses to provide care in a particular setting. If you believe nurses at your new job could be working in different ways to provide safe, competent, ethical care to patients, talk to your manager or supervisor about how this can be explored.
References


New York State Office of Professionals. The differentiated scope of practice of licensed practical nurses (LPNs) and registered professional nurses (RNs). Retrieved on September 30, 2010 from http://www.op.nysed.gov/prof/nurse/nurse-scope-lpn-rn.htm
