Interprofessional Practice

What is collaborative leadership?
Collaborative leadership occurs when health professionals work together as a team with the patient and their family to plan, introduce and evaluate care and services. Each member of the team shares responsibility for their role in the process toward creating positive healthy outcomes.

Leadership roles are based on the need for a specific expertise at any given point in time. There are two types of leadership expertise that may be needed:
1. leadership that keeps people on task as they work toward the identified goal
2. leadership that helps team members work well together.

In collaborative leadership, patients can be leaders sometimes or the leadership can be shared amongst the health professionals. At times, one leader is responsible for the work flow and another leader provides a link between the patient and health professional/s.

How does it work?
Each person on the team:
• collaborates in shared decision making
• owns the responsibility for their part of the treatment plan
• contributes to creating a team that works well together
• creates a positive environment for collaborative practice
• works towards a positive outcome.

Example:
An inpatient in the acute mental health service is diagnosed with bipolar disorder but is concerned about using mood stabilizing medication. This treatment is considered best practice. The patient does not feel that they have enough information about why this medication is helpful or how it works and is also concerned about the impact of negative side effects on their functioning.

Members of the multidisciplinary acute and community mental health care teams (including Psychiatrist and community case manager) as well as the patient’s GP and community pharmacist discuss their knowledge of the patient and his current mental health concerns. They develop a list of the reasons that the patient might be anxious about using the medication. The group thinks together about the ways in which each of them can support the patient to make an informed choice about medication use. The community case manager is identified as the health professional with an established therapeutic relationship with the patient due to the nature of their role. The treating team therefore decides this person is best positioned to meet with the patient and explore their concerns, sharing the medication education and information that has been compiled and assisting to resolve the barriers identified during the discussion with the patient. Ultimately, the patient makes an informed choice about medication use and is able to be discharged home soon after commencing the medication, feeling more confident about their recovery plan.

Outcome
Working together and sharing decisions in a positive collaborative environment leads to an improved quality of care and better health outcomes.

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