Building Capacity for Collaborative Leadership In Knowledge-Creating Teams

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In the Fall 2012 *résumé*, the article, "Are you a knowledge-creating team member?", discussed how Registered Dietitians (RDs) have an obligation to make interprofessional collaboration work by actively participating in building effective knowledge-creating teams. RDs can do this effectively by recognizing the team stages of functioning, taking the actions needed to nurture their team at each stage, and taking responsibility for their own roles and functions within the team. This article focuses on collaborative team leadership which enables synergetic relationships and effective working partnerships to achieve the common goal of effective client-centred dietetic services.[1]

WHAT IS COLLABORATIVE TEAM LEADERSHIP?

The concept of "collaborative leadership" is identified as one of the six competency domains in the *National Interprofessional Competency Framework*. The competency statement says, "Learners/practitioners understand and can apply leadership principles that support a collaborative practice model."[1]

For dietitians, the collaborative practice model for health care in Ontario is defined by the IPC Charter developed by HeathForceOntario (2009) to foster a common vision and language for interprofessional client-centred care in Ontario. (also see the back cover for information on the new IPC eTool developed in collaboration with the Federation of Health Regulatory Colleges of Ontario).[2]

Collaborative leaders are expected to be skilled in enabling collaboration, "a process that requires relationships and interactions between health professionals regardless of whether they are members of a formalized team or a less formal or virtual group of health professionals working together to provide comprehensive and continuous care to a patient/client".[3]

Leadership Functions

As collaborative leaders, the role of dietitians is to help the IPC team develop synergy and engage in client-centred practices to ensure that it operates safely within the IPC environment. To do this, a collaborative leader has two functions: task orientation and relationship orientation.[4]

Task Orientation Function

In the task-orientation function, the collaborative leader helps others on the IPC team (interprofessional practitioners, clients, their families, the circle-of-care, other teams and organizations) keep on task in achieving safe outcomes for client care. This could involve tasks, such as, organizing and defining roles, coordinating individual profession's regulatory and professional obligations and setting goals. Other task-oriented responsibilities include:[4, 5]

- helping to maintain the integrity of the team's governance and operating processes;
- helping to achieve client-centred outcomes for quality services;
- establishing continuous monitoring and re-evaluations for mitigating risks; and
- carrying out daily administrative responsibilities, processes, and systems essential to managing the boundaries with the larger organization or with key stakeholders.

Relationship Orientation Function

In the relationship orientation, the leader assists the IPC team to work more effectively. This includes ensuring effective communication among members, providing support, managing conflict, and building productive work relationships.[6] These responsibilities include:[5]

- coaching, in a supportive role, by providing guidance and acting as a sounding board;

- energizing a group into action, which means enabling breakthroughs where possible, being a change agent in holding the team accountable for actions, making unpopular observations;
- facilitating the internal and external coordination of activities among team members as mediator and catalyst, by bringing people together, ensuring integrity in work relationships, and making necessary interventions;
- sharing responsibility for the success of the team;
- actively participating in its activities; and
- nurturing the team's development stages.

COLLABORATIVE SHARED LEADERSHIP

In a shared leadership model, IPC team members will collaborate to determine who will be group leaders in certain situations. Clients may choose to serve as the leader or leadership may move among practitioners to provide opportunities for mentorship in the leadership role. In some cases, there may be two leaders: one for practitioners to keep the work flowing and the other who connects with clients and their families, serving as the link between the IPC team, clients and families.

Within collaborative or shared leadership, dietitians on the knowledge-creating IPC teams support the choice of leader and team decision-making. They will also assume shared accountability for the processes chosen to achieve outcomes. This means that they will take responsibility for their scope of practice, their roles and expertise and will work collaboratively with others to enable continuous quality improvement in work processes for effective client-centred outcomes.[1]

Collaborative leaders and supporters of leaders can enable:

- the coordination of services to ensure that the client is kept appropriately informed;
- the treatment plan is executed by the right people with appropriate continuity and with as little waste as possible;
- interprofessional team learning, synergy and collaboration;
- the integration of professional knowledge, skills and attitudes into team practice;
- support of organizational values that members will need in order to function as a health care teams;
- communication and decision-making;
- clear expectations of the team based on client-centered care;
- the coordination of services to reduce risk to the client;
- negotiation skills to manage conflict, mediation, and facilitate building of partnerships; and
- continuous improvement of the health care system, particularly in the area of client safety by mitigating risks and increasing efficiency.

Over time, collaborative IPC team leaders will help develop knowledge-creating teams with a body of common knowledge and effective team practices and approaches that allow them to function collaboratively in a client-centred environment.

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