



CONTEXTUAL INFORMATION

For the Standard of Practice:
COLLABORATIVE CARE



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Contextual Information – Collaborative Care

The [Standard of Practice – Collaborative Care](#) establishes clear requirements for CPSM registrants to work collaboratively with other registrants and health care providers to deliver good medical care to patients. This standard must always be interpreted from the patient’s perspective, with the primary focus on ensuring that the patient receives the best possible medical care. Every action and decision taken by the registrants involved should be guided by the intention to deliver good medical care to the patient.

Collaboration and Behavioural Expectations

Working alongside other registrants, health care providers, and institutions presents opportunities to significantly enhance the medical care provided to patients. At the same time, collaboration can sometimes be a source of frustration. However, each registrant is responsible for their own behaviour, and this Standard of Practice outlines the behavioural expectations for all registrants involved in patient care.

Benefits of Adopting Professional Behaviours

When all registrants adhere to the behaviours defined by the [CMA Code of Ethics and Professionalism](#), many of the frustrations associated with providing collaborative care are reduced. As a result, both patients and registrants benefit from improved collaboration and professionalism in the delivery of care.

Supporting Registrants

To further assist registrants in understanding the requirements of the Standard of Practice, frequently asked questions (FAQs) have been provided below.

Q. 1 - Why do I become responsible for another registrant’s patient?

A. When another registrant seeks your assistance in providing care to their patient, which they may not be able to provide, you are “tapped in”. When you are “tapped in,” you are expected to assist with the patient’s care.

The extent of your involvement depends on the specific circumstances. You may take over care of the patient, or it may be determined that there is little, if anything, that you can provide to the care. Until you are “tapped out,” you remain responsible for assisting the requesting registrant in providing care.

Q. 2 - When I am “tapped in” does this mean that I am the Most Responsible Physician?

A. “Tapped in” means that you are responsible for assisting the requesting registrant in providing care. What that assistance looks like will vary depending on the circumstances. Eventually, you may become the Most Responsible Physician, but that occurs when you accept that responsibility.

Q. 3 - How do I “tap out”, and why should I be responsible for a patient’s care just because someone has contacted to me?

A. Each situation will be unique but for the most part Collaborative Care can be divided into two main categories.

1. When a registrant seeks a non-emergent consultation, or
2. When a registrant seeks an emergent, urgent or inpatient assistance.

The Standards of Practices for Non-Emergent Consultation Requests and Emergent, Urgent, and Inpatient Requests provide detailed information on how to respond professionally to these two types of requests for assistance.

If you are contacted, it is because the referring registrant believes that you are the right person to help. If you are able to provide the needed assistance, you are responsible until the assistance is complete or it is agreed that your help is no longer needed.

If you are not the appropriate person to assist, your role will be minimal. However, in most cases, you will likely be more familiar with the subject matter than the referring registrant. Your responsibility is to determine how you can help the patient - every action or decision is to help the patient receive good medical care. You must determine, even if it is minimal, what you can do to help.

Q. 4 - I work in an institution, and I have no control over the administrative staff who perform tasks associated with my provision of care to patients. How can I meet my professional obligations if I have no means of ensuring the tasks are performed?

A. The Standard of Practice specifically recognizes that system issues may prevent you from meeting certain obligations. You are not personally responsible for matters outside your control. That said, this does not absolve you from taking any steps.

If you identify a practice or system issue that prevents you from meeting your responsibilities, notify the relevant decision makers in the institution.

If the issues persist, escalate the matter by informing CPSM and requesting assistance in communicating these standards to the relevant decision-makers.

Q. 5 - When transferring care, what information should I provide to the accepting registrant?

- Keep in mind that the accepting registrant may have little or no prior knowledge of the patient's condition or medical history.
- Whenever possible, communicate directly with the accepting registrant to share the information you have and determine what they need to know.
- If direct communication is not possible, exercise your professional judgment to determine and share the most relevant information.
- Do not send the patient's entire medical record unless specifically requested.
- Ensure you include enough details. At a minimum, summarize key steps taken so far and explain why you are involving the accepting registrant.

Q. 6 - What is the importance of “closing the Loop”?

A. A common concern expressed by registrants and patients is that they do not know what is happening with a particular matter. For example, a request for a consultation was sent, but there is no acknowledgement of receipt or that it will be acted upon. The concept of *closing the loop* communication is a basic courtesy of acknowledging the request was *received* and providing meaningful information.

The [Standard of Practice – Non-Emergent Consultation Requests](#) requires you to provide a triage response with specific information within 14 days of receiving the request. If you cannot provide all the required information within this period, acknowledge receipt and indicate when the information will be available.

If there is no response within 14 days, it signals a potential issue – such as the request not being received or a problem preventing a timely reply. This prompts the referring registrant to follow up and ensures patient care is not delayed.

Always acknowledge requests promptly and provide meaningful updates. This is basic courtesy and a professional obligation.

Q. 7 - What do I do when the registrant I am working with is behaving rudely and obnoxiously?

A. Disrespectful behaviour can be frustrating, especially when you are committed to professionalism. Some constructive steps to consider are:

- **Remain Professional:** Continue to act respectfully and avoid mirroring the rude behaviour. This helps protect your credibility and helps prevent escalation.
- **Address the Behaviour:** If you feel comfortable, remind the registrant of the Standard of Practice, emphasizing that all actions and decisions must be based on ensuring the patient receives good medical care.

- **Document Interactions:** Keep a record of incidents, including dates and details. This can be useful if the issue persists and needs escalation.
- **Escalate if Necessary:** If the behaviour persists or it compromises patient care, report it, where appropriate, to the department lead or to CPSM. CPSM's role is to encourage improvement, not to punish bad behaviour.