



Collaboration Guidelines for Medical Laboratory Technologists

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Introduction

As one of Ontario's self-regulated health professions, medical laboratory technologists (MLTs) are governed by the College of Medical Laboratory Technologists of Ontario (CMLTO). The *Regulated Health Professions Act, 1991* (RHPA) directs all health regulatory bodies, including CMLTO, to promote and enhance interprofessional collaboration (IPC) amongst its registrants, and with other healthcare team members. MLTs have an ethical, legal, and professional obligation to participate in IPC as it is essential for effective patient care.

Increasingly, MLTs are moving beyond the laboratory and are working with healthcare teams in various situations and settings. Patient outcomes are improved when MLTs collaborate with other health professionals to deliver patient-centered care. This includes sharing their specialized knowledge with other healthcare team members, and providing unique value in diagnosis, treatment, and disease management.

The Collaboration Guidelines for Medical Laboratory Technologists outline some IPC enablers and barriers that are relevant to MLT professional practice. These guidelines focus on helping MLTs learn and apply decision-making tools to practise collaboratively. This is not an exhaustive list as many other factors can influence the effectiveness of collaborative efforts. These guidelines, along with other CMLTO IPC resources, are intended to support MLTs in making informed IPC decisions while allowing them to exercise their own professional judgment.

Collaboration in professional practice

Collaboration is defined as “health care professionals assuming complementary roles and cooperatively working together, sharing responsibility for problem-solving and making decisions to formulate and carry out plans for patient care” (O’Daniel and Rosenstein 2008:272). Collaboration improves patient care and enhances professional practice throughout the healthcare system. Learning to collaborate effectively is professionally beneficial; individuals who understand collaboration tend to excel in their role and have more satisfying professional relationships (Salovey and Grewal 2005: 284; O’Boyle et al. 2011: 793).

Collaboration can be a challenging act to implement and practice. It is an act of group problem-solving, creation, or knowledge-sharing, and of individuals working together sometimes with oppositional opinions and ideas, to achieve a common



goal. Fortunately, collaboration is a skill that can be developed through self-reflection, observation, and practice.

Collaboration is a positive-sum behaviour. That is, the outcome is greater than what could be achieved by individuals acting independently of one another (Heslop et al. 2016; Davies 2000: 121). Complex adaptive systems theory describes successful collaboration as an emergent behavior—individual entities interact together to “generate extraordinary results” (Highsmith 1999).

Keys to collaboration

Trust

Collaborators must be willing to cooperate with each other and open to the contributions and feedback of others. People with uncooperative and negative attitudes towards collaboration have an adverse effect on their team members and the collaboration process (Amason 1996: 126, Highsmith 1999). When group members openly accept contributions and have good intentions, a feeling of trust or *psychological safety* is established (Morley and Cashell 2017: 207-216). Psychological safety encourages group members to take risks as they are more inclined to speak up and share creative ideas and honest feedback (Edmondson 1999: 356-371).

Diversity

People are composed of unique combinations of *personal variables*, such as education, skills, values, and upbringing. Respecting that everyone’s personal variables differ and understanding the diversity of roles between each healthcare professional is vital for effective collaboration. Achieving consensus in a disparate group may sometimes prove frustrating, but “a diverse group can arrive at a place no individual and no like-minded group would have reached” (Davies 2000: 1021). Diverse groups have a larger pool of collective knowledge, are better at creative problem solving, and produce higher quality decisions than homogeneous groups (Amason 1996: 124; Davies 2000: 1021).

Emotional intelligence

Emotional intelligence is a learned skill. It is the ability to “monitor one’s own and others’ feelings and emotions” (Salovey and Mayer 1990: 189). Emotional intelligence requires self-awareness and empathy.



Self-awareness allows an individual to assess their knowledge, skills, perceptions, and emotions. It is necessary to challenge personal biases or assumptions that may hinder efforts to work with and to learn from others. Examining negative emotional reactions to collaboration (e.g., feeling threatened by criticism or a new idea) may be uncomfortable, but it can help an individual understand and overcome emotional barriers that may prevent effective collaboration.

Empathy is the ability to understand how and why another person might feel or behave in a certain way (Salovey and Mayer 1990:194). Empathy allows an individual to understand another person's perspectives and motivations and enables them to build trust with their colleagues.

Communication

Effective group communications with one another helps to develop new ideas, solve problems, and make decisions. Communication is more than sharing information with someone—the recipient must be able to interpret the message (Barker 2016: 18). Communication involves body language, facial expressions, vocal tone, and other nonverbal cues. *Active listening* is a useful communication technique that demonstrates to a speaker that they have the listener's attention, and understands what the speaker said. It consists of three behaviours:

1. Encouraging sounds, actions, and body language.
2. Reflecting, paraphrasing, or summarizing what the speaker has said.
3. Asking clarifying questions.

Other tips for effective communication:

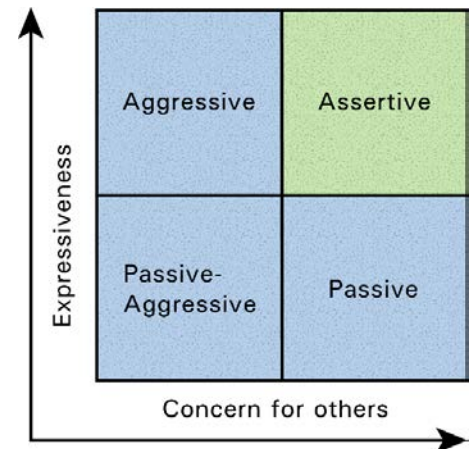
- Use appropriate body language. Messages can be misinterpreted if verbal and nonverbal communication don't match (Barker 2016: 34).
- Think before you speak. Clearly state the main point(s) at the beginning of a conversation and indicate what is needed.
- Don't interrupt people when they are speaking and don't finish their thoughts for them.



Assertiveness

It is imperative that everyone's input is heard and this requires assertiveness. Assertive behaviour is making sure that individual needs are met, but not at the expense of others.

The model on the right shows assertive behaviour as a combination of a high concern for others and a high level of "expressiveness" (i.e., how one shares their opinions, ideas, etc.). It allows for self-advocacy in a professional and mature manner. Simple verbal scripts are a good place to start to help develop assertiveness.



Assertiveness tips:	Assertive scripts:
<ul style="list-style-type: none">• Use "I" statements, rather than accusing "you" statements. E.g., "I feel uncomfortable when... "• Speak briefly, clearly, and calmly.• Don't use absolutes such as "always" and "never."• Use non-judgmental language. <p>(Bower and Bower 2004: 87-104)</p>	<ul style="list-style-type: none">• "I would like to discuss an issue that has been bothering me."• "It looks like we may not agree on this right now, let's try again another time."• "I want to bring a patient safety issue I'm concerned about to your attention."• "Please let me finish stating my thought." <p>(Vertino 2014: 5-7)</p>

Barriers to collaboration

Lack of trust

When people don't trust each other, they are less likely to be willing to collaborate or to openly express their opinions. Aggressive and passive-aggressive behaviours erode trust in the workplace such as yelling, eye-rolling, and sulking are all hostile activities that diminish psychological safety (Hasson 2015: 9). Workplace bullying is another destructive behaviour and should not be tolerated. The Public Services Health & Safety Association (PSHSA) defines bullying as "repeated, persistent, continuous behaviour" that includes spreading rumours,



social isolation, excessive criticism, verbal aggression, and withholding information (PSHSA 2010: 2).

When people do not feel safe to express themselves at work, they behave defensively (i.e., critical feedback can be interpreted as an attack, rather than as an opportunity for growth). Reacting emotionally during collaboration is unproductive and can cause tension amongst group members and a reluctance to consider others' ideas and opinions (McCarthy and McCarthy 2006). Instead engage in behaviours that promote psychological safety which include the refusal to gossip and to have positive expectations of their colleagues (Hasson 2015: 34).

Power struggles

Groups with the best decision-making power do not allow one party to dominate. Instead, these groups bring everyone's ideas together to find new and creative solutions (Mintzberg et al. 1996: 60-67). Avoiding a dominance situation when collaborating at work can be difficult due to the hierarchal structure of most organizations. People with less power may be afraid or prevented from speaking up and contradict those with higher power (Barker 2016: 26, Davies 2000: 1022). People with high status within groups tend to "lecture rather than converse" with low status individuals (Barker 2016: 26). Individuals can practise being assertive by speaking up and encouraging others to do the same. Collaborative teams have a horizontal power structure, are more open and have inclusive communication, and have higher levels of role understanding, respect, and appreciation between members (Morley and Cashell 2017: 207-216).

Negative conflict

Conflict is not always destructive as it can also greatly enhance collaboration and group decision-making. Civility, not group harmony, is required for collaboration (Highsmith 1999). Positive conflict, or *cognitive conflict*, is task-oriented and focused on achieving common goals (Amason 1996: 127). Negative conflict, or *affective conflict*, is primarily emotion-based and focused on personal disputes which lowers the quality of group decision-making (Amason 1996: 141). Don't be afraid of disagreements during collaboration but remember to be civil and to listen to everyone's input.



Conclusion

Collaboration requires soft skills that may not be innate to everyone, but they can be developed with practise. Learning and practising effective collaboration will not only benefit MLTs personally and professionally, but it will also benefit Ontario's healthcare system.

CMLTO also provides additional resources for MLTs that may help address local professional practice issues rooted in collaboration. These include Professional Practice Learning Program modules and Case Studies, which can be found on the CMLTO website.

If you have questions about this guideline, or about the professional, legal, or ethical obligations of an MLT, please contact the CMLTO by email at registrantrelations@cmlto.com.



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