



## Project Insights Report

# Health and Social Services Professionals' Skills in Interprofessional Collaborative Practices in the Telehealth Context

**PARTNERS**

Université de  
Sherbrooke

**LOCATIONS**

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**CONTRIBUTORS**

Christian Noumi,  
*Research and  
Evaluation Associate*

## Executive Summary

This project focused on the challenges and necessary competencies for effective interprofessional collaboration in virtual care settings, which were highlighted by the rapid shift to virtual health care during the COVID-19 pandemic. Traditionally, health care professionals like nurses and social workers collaborated closely in physical settings to enhance patient care, but the transition to virtual environments posed challenges for maintaining collaboration due to inadequate preparation in handling new technologies.

The project involved a scoping study that reviewed a wide range of scientific literature and digital resources. The study identified 31 articles and 16 websites that met rigorous selection criteria. It aimed to describe the collaborative practices in virtual care, identify necessary and facilitating competencies for effective interprofessional collaboration, and formulate recommendations for adjusting educational programs to better prepare health care professionals for virtual collaboration.

Key findings reveal that while interprofessional collaboration is well established in health care, its application in virtual settings is relatively new and requires specific competencies, such as technological proficiency and person-centred care. The study also highlights significant barriers to effective virtual interprofessional collaboration, including a lack of familiarity with technology, resistance to change in practice, and insufficient funding for necessary technological infrastructure.

The implications of these findings suggest that health care systems must prioritize the integration of specific virtual collaboration competencies into professional training and practice. This research underscores the need for policy interventions and educational reforms to equip health care professionals with the skills necessary for the evolving landscape of health care, ensuring equitable and effective patient care across all settings.

#### KEY INSIGHTS

- 1** Interprofessional collaboration in virtual settings is relatively new, which creates a need for specific training in virtual collaboration competencies, including interprofessional communication, person-centred care, teamwork, role clarification, collaborative leadership and conflict resolution.
- 2** Significant barriers to effective virtual collaboration include lack of technology familiarity and access, absence of trust among distant professionals, resistance to practice changes, and insufficient funding for technological systems.
- 3** There is a gap in current educational curricula that suggests a pressing need for educational reform to include comprehensive training in virtual collaboration and technology use.

## ▶ The Issue

The rapid escalation of virtual health care practices, propelled by the COVID-19 pandemic, has spotlighted significant challenges in maintaining effective interprofessional collaboration in virtual care settings. Traditionally, health care and social service professionals from various disciplines have collaborated closely, sharing expertise and responsibilities to enhance patient care. This collaborative approach has been crucial in integrating services and improving patient outcomes, particularly in complex cases requiring multi-faceted care strategies.

However, the shift to virtual care, while necessary to curb the spread of the virus and protect vulnerable populations, introduced complexities that were not fully anticipated. Many health care professionals found themselves navigating new technologies and communication methods without adequate preparation. This sudden transition highlighted a gap in existing training and raised questions about the adequacy of current educational programs in equipping professionals with the skills necessary for effective virtual collaboration. The lack of preparedness was evident as professionals struggled with technology use, which in turn affected their ability to maintain the quality of care and collaborative practices established in face-to-face settings.

Previously, efforts to enhance interprofessional collaboration focused primarily on in-person interactions, with training and strategies tailored to physical health care environments. These approaches did not fully translate to the virtual context, where communication nuances and technology proficiency play a more significant role.

The COVID-19 pandemic has evidently reshaped work practices, with virtual platforms becoming integral to health care delivery. Consequently, the challenges of adapting to virtual care underscored the need for a systematic re-evaluation of educational programs and professional training to include competencies specific to virtual collaboration to ensure that health care teams could continue to operate effectively regardless of the medium of interaction.



## What We Investigated

This project aimed to identify the collaborative practices of health professionals in virtual care and the expected competencies for effective interprofessional collaboration in such settings. Additionally, the project sought to formulate recommendations to adjust initial and ongoing training for interprofessional collaboration in virtual care contexts.

The project included a scoping study that reviewed scientific literature and digital resources from relevant websites of organizations, governments and institutions. This review spanned publications and resources from 2010 to 2021, ensuring a broad and relevant data set. The team meticulously selected 31 articles, 16 websites, and government documents that met the inclusion criteria, providing a robust basis for their analysis.

The study involved a range of stakeholders, including health professionals, social service providers and educational institutions. These organizations were integral to both the research and implementation phases, providing access to practical insights and facilitating the application of findings.

## What We're Learning

Through the comprehensive scope study, 380 articles and 72 websites were initially identified, and 31 articles and 16 websites were ultimately included after selection criteria were applied.

**Virtual interprofessional collaboration is still new.** One significant finding was the established presence of interprofessional collaboration in most health institutions, yet its application in virtual contexts was relatively novel. Essential competencies for effective virtual interprofessional collaboration included interprofessional communication, person-centred care, teamwork, role clarification, collaborative leadership and conflict resolution. However, it was noted that conflict resolution skills were seldom discussed in the literature concerning virtual settings, suggesting an area for further emphasis in training programs.

**Health care leaders should know the facilitators and barriers to effective virtual interprofessional collaboration.** Key facilitators included the presence of a clinical champion, regular assessment of technological needs, ongoing professional training and the promotion of technology benefits. Conversely, significant barriers included a lack of technology familiarity, access issues, absence of trust among distant professionals, resistance to practice changes, and insufficient funding for technological systems.

**Curricula need to include training in virtual collaboration and technology use.** The study's findings on initial and ongoing professional training reveal significant gaps in current educational curricula regarding virtual care competencies. This gap suggests a critical need for educational reform to incorporate comprehensive training in virtual collaboration and technology use. **Virtual care could lead to better patient health outcomes.** The study highlighted that virtual care models could enhance patient involvement in their care processes, potentially leading to better health outcomes. However, this requires that professionals are adequately supported in skills development and that both professionals and patients are adequately supported technologically.

## ★ Why It Matters

Despite the lifting of lockdown restrictions and easing of social distancing protocols, virtual health care is here to stay. The insights from this study underscore the critical need for enhanced interprofessional collaboration in virtual care settings. The findings suggest that health care systems must prioritize the teaching of technological and digital competencies within interprofessional education and practice to maintain effective collaboration in virtual environments. This is particularly relevant as virtual care continues to be a prominent mode of health care delivery post-pandemic.

The findings reveal that existing interprofessional competencies, such as communication and teamwork, remain relevant in virtual settings but require adaptation to the nuances of digital interaction. This adaptation is crucial for ensuring that health care teams can function effectively when not co-located, thereby supporting continuity of care and patient safety across different settings.



### State of Skills: Quality of Work

As Canada navigates continuing labour shortages in critical areas of the economy, policymakers and employers are looking for more effective approaches to recruit and retain workers

Addressing barriers through targeted policy interventions, such as funding for technology infrastructure and professional development programs in digital literacy, could enhance the capacity of health care systems to deliver high-quality virtual care. Ensuring that all health care professionals have the necessary competencies and tools to engage in effective virtual collaboration can help mitigate disparities in access to care, especially in rural or underserved areas where health care resources are limited.

Have questions about our work? Do you need access to a report in English or French? Please contact [communications@fsc-ccf.ca](mailto:communications@fsc-ccf.ca).

### How to Cite This Report

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