



The Invisible Backbone: Strengthening Patient Care Through Allied Health Collaboration

Abdulrahman Mansour Dehim Aldosari¹, Mahdi Mohammad Ghaidan Al-Hatheth²,
Hussain Julmud H Aldawsri³, Hatim Hassan Hamad Qahm Oraybi⁴ Aied Rasid Awad
Almotiri⁵ and Asma Mohammed Alharthi⁶

¹ Corresponding Author, Laboratory Specialist, Maintenance and Supply Department at the Ministry of Health Branch in Riyadh

² Operations Technician, Hotat Bani Tamim General Hospital, Riyadh First Health Cluster

³ Health Assistant/Health Security, Hotat Bani Tamim General Hospital, Riyadh First Health Cluster

⁴ Pharmacy Technician, East Jeddah Hospital, Jeddah First Health Cluster

⁵ Nursing Technician, Artawiya general hospital, Riyadh Second Health Cluster

⁶ Lab technician II, KFMC, Riyadh Second Cluster

Abstract

The need for collaboration among allied health professionals has never been greater. Health systems' growing complexity calls for high-quality, person-centered care that depends on the timely and effective sharing of information and coordination of multiple disciplines across settings. Allied health professionals constitute a large portion of the workforce and comprise diverse occupations, yet only limited attention has focused on their collaboration in multidisciplinary teams. This framework promotes a common understanding of actual and potential roles within and across disciplines and settings, guides the establishment of shared responsibilities and collaborative workflows, and helps embed allied health's unique contributions into care planning. The goal is to improve health outcomes for individuals and communities through carefully designed, integrated collaborative approaches developed in consultation with those receiving care.

Keywords: Allied Health Collaboration, Patient-Centered Care, Interdisciplinary Teamwork, Care Coordination, Healthcare Quality

1. Introduction

Allied health collaboration refers to the cooperation among allied health professionals for the coordinated assessment, prevention, diagnosis, treatment, management, and rehabilitation of patients and clients across the continuum of care (W. M. van Grootel et al., 2024). The importance of allied health collaboration is well established. Patient outcomes improve when communication among health professionals in collaboration is strengthened (Frances 1956-Whiting, 2016). Yet, despite this, systems and processes are seldom implemented for allied health collaboration due to the perception that professionals are already collaborating in



patients' best interests. A systematic framework for allied health collaboration is presented here. This framework defines and articulates concepts, theoretical bases, and scopes of allied health collaboration across a range of health systems; maps allied health professions, scopes of practice, and contributions across settings; identifies competencies, accountabilities, and collaborative workflows; establishes communication schemas, channels, and cadence for routine and crisis scenarios; describes patient-centred approaches, shared decision-making processes, and consent considerations; defines care coordination across inpatient, outpatient, and community settings; specifies transitions, handoffs, and standardized care pathways; and proposes case management roles, referral networks, and follow-up protocols. The apparatus for allied health collaboration may inform better, more equitable, and safer care for populations.

2. The Allied Health Spectrum

Allied health comprises a wide range of professions that work collaboratively with other health professionals to support and optimize the delivery of health care. Practitioners in many health professions recognize their inherent responsibility to operate effectively and work collaboratively with their colleagues to provide the best possible care for the community. The scope of allied health practice encompasses health services that target the prevention, diagnosis, and treatment of disease, injury, functional limitations, and health improvement (Buchan & O'May, 2011). Within the contemporary model of health service delivery, the allied health workforce engages in an extensive range of prevention, promotion, and educational interventions that have a high population and societal impact and enable improved quality of life, access to services, health equity, and health system sustainability.

The allied health spectrum exceeds a simple enumeration of health careers and occupational titles (McKeever & Brown, 2019). It is a systemic articulation of the array of professions engaged in the delivery of health services across all stages of life, all levels of wellness, and all dimensions of a person's well-being. Therefore, the allied health spectrum is both comprehensive, in that it embraces the entire allied health workforce, and selective, in that it illuminates the allied health relationships that are demonstrably productive and relevant to current priorities and future directions. The spectrum consists of contemporary, evidence-based profiles of a range of health-service professions portrayed consistently in terms of their objectives, target populations, distinctive means of providing service, and contributions to the work of other health-service professionals. These profiles explicate self-directed, population-based, life-course, and multi-dimensional approaches; the significance of temporal, social, and cultural factors in understanding health and well-being; the continuing importance of both individual and community actions; and the value of enabling solutions.



3. Roles and Responsibilities in a Collaborative Model

Strengthening allied health collaboration hinges on clarity regarding the roles and responsibilities of involved disciplines and professions (E. Hastings et al., 2016). Defining the roles and outlining expectations establishes a shared understanding that enables effective and efficient service delivery. Each discipline occupies a unique position along the allied health spectrum—each contribution necessary to ensure comprehensive and equitable care for all patients and communities. Four frameworks facilitate allied health collaboration—role delineation, communication, coordination, and patient-centred care. These frameworks enable alignment of each allied health discipline’s specific competencies, collaboration flows, patient engagement responsibilities, privacy implications, and means of assessing collaborative impact (M. Ries, 2016).

The allied health profession spans a diverse set of disciplines delivering diagnostic, therapeutic, and preventive services across primary and secondary care settings. Common to all are the goals of health promotion, recovery, and rehabilitation through interventions designed to maintain or enhance functional abilities, participation in daily activities, quality of life, and overall wellbeing. Alongside the many distinct competencies and core beliefs that underpin each discipline lies a shared understanding of the importance of collaboration.

4. Interdisciplinary Communication and Information Sharing

Meeting the diverse needs of patients requires comprehensive interdisciplinary communication among all providers involved in their care. While allied health professionals bring specialized knowledge and expertise, they also provide services that inherently overlap with other professionals and systems. Effective collaboration requires not only proper understanding of each provider's unique scope of practice but also determination of how their service offerings interconnect with and expand those provided by others (Lin et al., 2020). Such a framework clarifies who performs what and ensures attention to essential patient needs that can otherwise be neglected (Xin Nie et al., 2023). Specifically, each allied health discipline undertakes distinct assessments, actions, and follow-up intervals to support collaborative practice. Identifying the corresponding accountability and the requisite communication among all professions is essential to streamline processes and integrate workflows across acuity and care settings.

Establishing mechanisms for structured communication can enhance coordination, and embedding these requirements describes expectations for unmet needs, diminishes uncertainty, and informs shared decision making for patient engagement. Engaging diverse perspectives improves overall service quality, informing more innovative, creative, and robust solutions. Standardized internal formats, such as Situation-Background-Assessment-



Recommendation (SBAR) protocols or huddles with defined attendees, can focus team contributions and promote situational awareness regarding patient status while respecting time constraints. Escalation trees indicate which professional to approach when assistance is needed, and team structures can support pre-allocated inquiries associated with different care facets, thus refining service quality further. Regular exchanges, covering case rounds, team-business updates, and orientation for new staff, help maintain connection and familiarization.

4.1. Structured Communication Protocols

Structured communication protocols serve to enhance information flow and foster collaboration among allied health professionals within interdisciplinary teams. A common framework clarifies expectations for data exchange, ensuring accurate and timely dissemination of essential patient details and compliance with privacy regulations. Such protocols can bolster the quality of communications, streamline workflows (C Wu et al., 2012) , and promote engagement with patients and their families (Xin Nie et al., 2023). Protocols can dictate the format, content, frequency, and media of communications, catering to both regular interactions and urgent matters. (situation, background, assessment, recommendation) remains a widely adopted schema for structuring clinical handovers. Huddles are short, frequently scheduled meetings designed to share updates, discuss challenges, and coordinate care; they can operate at the level of individual teams or across concurrent groups. An escalation tree illustrates the hierarchy of contacts for seeking advice or reporting issues. Documentation norms specify the records that should be updated following an exchange.

4.2. Electronic Health Records and Data Governance

The adoption of electronic health records (EHRs) has transformed the documentation and governance of patient data within multidisciplinary health systems. EHRs are ubiquitous throughout all segments of health care delivery. The movement from paper-based to electronic record-keeping also exposes practices to a new set of difficulties. Well-structured data governance practices are critical for supporting the privacy, security, and interoperability of health information, thereby facilitating care coordination and quality improvement within patient-centered collaborative care systems. Many complicated aspects of EHR data governance remain unexamined in the current medical literature, presenting an opportunity for allied health leaders and practitioners to assume ownership of this crucial framework (Blobel et al., 2009) (F. J. Vos et al., 2020).

5. Patient-Centered Care and Shared Decision Making

Patient-centered care and shared decision-making are action-oriented frameworks that enhance collaboration among health professionals and patients. Patient-centered care, which is predicated upon communication, engagement, and respect, is a powerful foundation for



collaboration; the goal of shared decision-making is to activate patient preferences, values, and priorities so that choices reflect what matters most to them (Qureshi & Notebloom, 2017). Participation of patients and families is essential for effective, sustainable healthcare when individuals are involved in ongoing health-related decisions about their preferences and values (Poduri et al., 2020). Patient-centered principles, goals, and collaboration strategies are relevant to the many allied health professionals functioning in the health system.

5.1. Patient Engagement Strategies

Patient engagement improves quality of care and enhances safety, equity, and satisfaction. By clarifying patients' thoughts, concerns, and priorities, it establishes a collaborative partnership. Well-documented patient engagements correlate with fewer complications and errors, faster recovery, and reduced costs (E. Lighter, 2015). emphasizes the need to bolster patient engagement and responsiveness among a pediatric population. Engaging patients using technological means allows accompanying and facilitating patients as they navigate through care, enhancing understanding of pathways and bolstering adherence and follow-up. Care providers communicate with patients about patient-engagement rates, gather and review feedback, and determine steps to facilitate deeper engagement.

5.2. Cultural Competence and Equity in Care

Cultural competence plays a vital role in ensuring that individuals receive equitable services and that their unique perspectives are included in decision making regarding their treatment. Creating an environment of cultural safety—where there is recognition of, and respect for, different world views and where people are not only empowered to speak up but feel safe doing so—facilitates this process (Frances 1956- Whiting, 2016). Investigating social determinants of health practices, understanding the intersections and interplay among these determinants, recognising bias (both personal and systemic), and addressing unconscious bias within the broader system enhances both the quality and equity of care (Blonigen-Heinen & Basol, 2015). In a collaborative health system, active engagement and participation throughout the care continuum can occur from the initial interactions in the community through admission, treatment, and discharge planning, and into community follow-up.

6. Coordination of Care Across Settings

Care coordination encompasses activities that facilitate the transfer of information and responsibility for a patient's care across people, settings, and time (Möckli et al., 2023). Care coordination improves the quality of healthcare for individuals by minimizing fragmentation across care settings and through referrals, which is especially important for people with multiple chronic conditions, the elderly, and those requiring health services from multiple health professionals. Individuals' engagement in their healthcare and that of their family members is a critical component of care coordination (Anne Xippolitos et al., 2011).



Care coordination is an ongoing process that involves working with the patient and relevant other parties to facilitate—and improve access to—care in different sectors of the health system. Care pathways and steps for transitioning care between settings are implemented to support coordination across different health service providers. Within this framework, case management coordinates access to the right care, at the right time, and by the right person.

6.1. Transitions of Care and Care Pathways

Care coordination extends across acute, outpatient, and community-based sectors, addressing the full range of a patient's needs after hospital discharge. Facilitating effective transitions involves defined handoffs and standardized care pathways (McLeod et al., 2011). Case managers (CMs) assume responsibility for creating care plans in collaboration with community-based providers. Clear assignment of task sequences and single-point-of-contact systems for referrals underpin timely follow-ups (Toscan et al., 2013).

Transitioning patients back to their communities marks an essential point in the continuum of care. Detailed planning during treatment at transitional settings and strategic partnerships with community organizations ensure the management of social determinants of health.

6.2. Case Management and Care Coordination Roles

Communication across settings must happen in a timely and efficient manner to facilitate smooth transitions and coordinated care, highlighting the need for both case management and care coordination functions (Hannigan et al., 2018). Each function involves assessment of client-specific goals and collaboration among a wider range of stakeholders in relation to the transition (Heslop et al., 2014). Care coordinators, moreover, often fulfil the additional function of consultant across the system.

Care management represents the more intensive of the two roles. Within a collaborative model, accountability for care management is designated to an allied health professional with competencies aligned to the specific needs of the client. The breadth of case management competencies often necessitates dual accountability between dedicated care management and discipline-specific roles, with attention to shared workload and joint coverage if multiple clients are referred in parallel.

7. Outcomes, Quality, and Safety Implications

Some disciplines track patient complications and discharge summaries while others look at adherence to care pathways. These metrics are defined closely in collaboration with the teams involved. For example, when considering interdisciplinary care conferences, evaluation focuses on how many were scheduled and whether the agreed path was implemented. The information is gathered at the discipline level and fed into the Performance Improvement Committee (E. Hastings et al., 2016) ; (Anne Xippolitos et al., 2011).



7.1. Measuring Impact of Allied Health Collaboration

Implementing allied health initiatives has rarely been accompanied by concerted efforts to measure their impact. Evaluating collaborative practice remains a considerable challenge. Complex interventions exhibit non-linear dynamics and operate at multiple systemic levels, rendering traditional clinical trial designs and associated metrics unsuitable. Allied health collaborative frameworks have been implemented across diverse settings, providing opportunities to assess the impact on institutional compliance, service provision, and key healthcare indicators, thus enhancing understanding of value. Nevertheless, examination of collaboration-specific outcomes is extremely rare despite clear implications for care quality, safety, and efficiency. Direct measures frequently overlap quantities such as access, coordination, and transitions, while indirect assessments include broad indicators encompassing adverse events, readmissions, and system utilization (E. Hastings et al., 2016). Perceptions of collaboration's influence on such metrics have also been solicited (Frances 1956- Whiting, 2016).

7.2. Quality Improvement Methodologies

Collaborative approaches in allied health can improve care quality, safety, and outcomes by transforming practice models and decision-making (Rossiter et al., 1970). Collaborative structures support multidisciplinary initiatives addressing diverse issues across settings, leveraging interdependence to achieve results beyond the capabilities of individual professions. Continuous and systematic cycles for setting objectives, measuring results, and planning changes can support ongoing improvement (W. Parkinson & G. Zeller, 2017). Such quality improvement (QI) methodologies bridge the gap between qualitative impacts of collaboration and measurement of health and system outcomes.

Effective multi-professional quality improvement can have a significant impact, as illustrated by a clinical quality initiative in neurosurgery focused on improving care processes (Afsar-Manesh & A. Martin, 2012). Overall joint and coordinated improvements resulted in a noticeable leap in total quality. Simulation modelling subsequently confirmed that at least three disciplines had to engage in meaningful multi-directional collaboration simultaneously. Detailed documentation of the entire improvement process, including challenges faced, strategies adopted, achievements in different areas, and lessons learned, may facilitate understanding of the benefits derived from interdisciplinary collaboration, inform other sectors, and shorten the time from inspiration to action.

Establishing meaningful, collaborative roles and relevant practice transformations across the continuum of health and community services provides a framework for understanding the potential contributions of allied health professionals and prioritising improvement areas in establishing collaboration and coordination across these settings. Such refinement provides



clarity in further specifying the content, links, and conditions required to foster interprofessional collaborations that enhance the quality, safety, and outcomes of care.

Proposed models of measurement and improvement can assist health professionals and systems in assessing the impact of collaborative practices and ensuring congruence with system and organisational objectives. At an organisational level or beyond, the aggregation of domain-based strategies to encompass quality improvement across physiotherapy, occupational therapy, speech pathology, and other disciplines supports collaborative progress across the full spectrum of allied health.

8. Education, Training, and Professional Development

Education for collaboration and the sequencing of entry-to-practice qualifications represent two crucial aspects of professional preparation for health care practitioners. With regard to the former, the World Health Organization has asserted that interprofessional education is “a key vehicle to transform health professional education” . As the term indicates, interprofessional education refers to “situations when two or more professions learn with, from, and about each other” (Paans et al., 2013). To support collaborative practice, a number of frameworks for interprofessional education have emerged. Alongside models of collaboration, interprofessional education frameworks deserve consideration when establishing the scope, objectives, and structure of professional preparation for practitioners.

8.1. Interprofessional Education Frameworks

The World Health Organization defines interprofessional education when “two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” . Various interprofessional education frameworks exist that support the implementation of interprofessional education, allowing institutions to adopt models tailored to local campus needs and systems. A synthesis of selected frameworks for interprofessional education is presented, focusing on the health systems context in alignment with the study’s objective of assessing collaboration across allied health disciplines. Health professionals and organizations across the globe are transforming their practices, including the scope and range of services offered, in an effort to improve health and wellness (Witt Sherman et al., 2020). Colleges and universities are not exempt from this transformation. In response to this global shift allied health faculty members at a large public university aimed to determine how interprofessional approaches to service delivery are manifested within allied health areas and to develop a conceptual framework that defines, illustrates, and synthesizes interprofessional service delivery within allied health disciplines (Wiesner, 2018). A campus university-wide scan of service delivery modes in support of the multi-targeted allied health study determined that 17 health care professions were delivering



services in various interprofessional modes. Consequently, the allied health framework became a candidate for integration into a university-approved pedagogical model.

8.2. Lifelong Learning and Skill Alignment

Education across disciplines supports team-based approaches to care and solidifies intercollegiate appreciation of diverse skills and complementary contributions. Frameworks define shared experiences that prepare students to operate effectively within collaborative structures and develop respect for the perspectives of other professionals (Lundon et al., 2015). Lifelong learning and continual competency alignment in the context of organizational change are paramount. Medikits, which catalogue recommended skill sets and skill deficits across professions, provide an instrument for systematic, ongoing evaluation of educational and professional development activities (S. Feldman et al., 2022). As team goals are established, performance measures for collaborative practice—including substance and cadence—can be incorporated into the definition of these activities.

9. Policy, Leadership, and System Readiness

Allied health collaboration is framed within the health policy subsystem of health systems, encompassing regulations, standards, and conditions that enable or impede agency and networks at the organizational and operational levels (Buchan & O'May, 2011). Policy decisions are informed by pervasive, yet incomplete, issues of leadership development, regulatory considerations, professional recognition, and system readiness (McKeever & Brown, 2019). Advisory leaders at all levels should possess capacities for engaging, facilitating, influencing, and persuading across professional boundaries to gain attention and mobilize action (Bradd et al., 2017). Creating an individually tailored framework for continuous engagement defines the objectives and anticipated outcomes of allied health action with ensuing implications for broadening practice bases, justifying systemic relevance, and establishing health systems as the overarching focus.

9.1. Regulatory Considerations and Standards

Health regulation in Canada is founded upon the principles of transparency, accountability, and the need to protect the public from harm. Specific professions, including health professions such as medicine, nursing, and pharmacy, that are regulated at the provincial or territorial level have legislation governing the requirements for registration (Leslie et al., 2022). A progressive health regulation approach incorporates mechanisms that permit judicious delegation and acceptance of health-related tasks, where these matters are not already addressed in legislation. Individual health professionals are in position to enhance the quality of patient care by managing their professional responsibilities more effectively. Health practitioners are expected to comply with regulatory legislation for their professional domain and to recognize the need for professional collaboration among themselves and other



health-care disciplines in order to provide optimal patient service delivery. Health regulation requires the formulation of a sufficiently detailed framework that accommodates the various health practitioners who will become involved in a specific area of practice. Regulation of health professions is a constitutional responsibility of provincial and territorial governments. Consequently, jurisdictional differences in regulatory approaches—including university-level entry to practice, practicum and residency requirements, and examination modalities—impact patient safety, access to care, and workforce mobility. These variations complicate virtual care and lead to inconsistencies in health-workforce data, hindering the establishment of strategic, integrated health-workforce plans. Compliance with regulatory standards, adherence to the policies of regulatory organizations, and an awareness of the implications of regulation for practice forms a central role in the effective collaboration between the allied health professions in these frameworks (Paans et al., 2013).

9.2. Leadership Roles in Fostering Collaboration

Effective facilitative leadership is critical for navigating differences and fostering positive decision-making in collaborations (R. Magrab & M. Bronheim, 2018). Four leadership imperatives facilitate collaboration: (1) convening meetings to catalyze initiatives; (2) sustaining participation through attention to self-relevant gain (specific, substantive value, or alignment with fundamental values); (3) establishing governance that provides sufficient connectivity to link communities while minimizing commensurate constraints; (4) maintaining a governance and communication focus on innovation, progress, and mutual benefit, monitoring relevant milestones or interim outcomes.

10. Conclusion

Health care systems worldwide face pressing challenges in keeping pace with a rapidly changing world. Issues such as rising service demand, limited access to providers, increasing health inequities, emerging technologies, and growing complexity of care threaten the ability of systems to meet the needs of populations on both routine and urgent bases. Allied health collaboration may represent one untapped opportunity to address these challenges and strengthen systems for patients, families, communities, and providers alike. Collaborative practices, which enable diverse professions to work together across sectors and settings, are broadly recognized as critical to sustaining care as well as improving quality and safety. Yet allied health roles are often excluded from interprofessional frameworks and tend to be the least discussed or understood during collaboration-focused efforts.

Allied health represents a foundational component of health systems and comprises at least 30 distinct professions (W. M. van Grootel et al., 2024). Health workers trained in these professions deliver preventive, curative, rehabilitative, and promotional services throughout society. Aims to ada5575e62-9b7f-428b-98c2-5296506ce205ce allied health collaboration



will therefore promote continuity and comprehensiveness of care and address an important gap in knowledge. The overarching objective is to strengthen patient care by clarifying activities understood to constitute allied health collaboration and articulating how specific allied health roles contribute to each activity. The ultimate goal is to increase the availability of non-physician individuals trained to deliver high-quality, people-centred services across sectors, settings, and stages of life.

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