

Examining Interprofessional Collaboration: There is no “I” in “Healthcare Team”

Leonard B Goldstein* and Ashley Marsh

School of Osteopathic Medicine in Arizona, A T Still University, Mesa, Arizona, USA

*Corresponding author: Leonard B Goldstein, DDS, Ph.D., LAc, Professor, School of Osteopathic Medicine in Arizona, A T Still University, Mesa, Arizona, 85206, USA, Tel: 480-219-6195/516-443-8929; E-mail: lgoldstein@atsu.edu

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Introduction

Long ago, someone said, “It takes a village to raise a child.” The same concept can be applied to healthcare. The collaboration of healthcare professionals has been proven to increase positive patient outcomes and improve quality of care. By working together, collaborative efforts across multiple healthcare modalities serves to paint a more complete picture of the patient and their healthcare objectives. Based on the most current research available, it is overwhelmingly clear that the implementation of inter-professional collaboration among Physicians, Dentists, Physician Assistants and other healthcare professionals is not only desirable goal, but also an achievable one.

Attitudes Toward Collaborative Care

Many articles illustrate healthcare workers’ current attitudes toward inter-professional communication. In an article from The Journal of Physician Assistant Education, Hertweck et al. [1] stated that, “No individual from a single discipline can adequately address the multitude of health-related problems confronting individuals. IPE [interprofessional education] and subsequent clinical collaboration may have an important role in the shaping of healthcare reform” (p.8). Hertweck et al.’s [1] argument that collaboration is essential to complete care is an important one when considering the future of healthcare overall. The idea of collaboration is popular among researchers, professionals, and students alike.

A case report from the Journal of Interprofessional Care sought to quantify the value of interprofessional care [2]. The authors performed a qualitative analysis in which physicians, physician assistants, occupational therapists, and physical therapy professionals were tasked with working together to compose comprehensive treatment plans [2]. This article, while very supportive of the collaborative model, did contain a fair amount of bias. The article was written for and published in the Journal of Interprofessional Care, a source dedicated to the promotion of collaborative medical practices.

Despite the literary bias, the results of this analytic article strongly support the hypothesis that interprofessional care improves not only patient care, but also provider relationships [2]. The thematic analysis, derived from the study’s reflection questions, indicated that the participants felt an increased comfort level in understanding the roles of each healthcare provider in the interprofessional team. Additionally, it was noted that this understanding led to reduced redundancy in medical care [2].

Finally, it was discovered that the clinicians all gained a better understanding of the appropriate methods and timing for the use of referrals to other providers [2]. The research available strongly supports a positive stance toward a collaborative approach among PAs and other healthcare providers; however, it is important to consider

how these interprofessional teams will be implemented in every day practice.

Methods of Implementation

The most important factor in the promotion of a collaborative approach to care is to start early [3]. Much of the research available supports the implementation of a collaborative environment beginning during a healthcare provider’s formative educational years. For example, in an article by The Society of Teachers of Family Medicine (STFM), the authors recommend the development and implementation of new interprofessional curriculum for all medical and physician assistant students. Furthermore, the article recommends the sharing of didactic and clinical experiences among students in the medical field [3].

This joint position statement article goes on to suggest that the integrative model would decrease financial stresses of Universities [3]. It must be considered however, that such a massive change to multiple program structures would take immense effort, substantial time, and abundance of troubleshooting and constant adjusting. It seems that this change would cost a university more money initially, but may then reduce costs in the long term.

Despite the challenges, updating the medical training programs of physicians, physician assistants, nurses, pharmacists, occupational therapists and more, is imperative to the future of healthcare. To illustrate the value of this type of education, one needs to look no further than the currently malfunctioning, inefficient and ever-changing professional healthcare field. As the healthcare delivery system changes, so should the education of those entering the healthcare field.

Analysis of Patient Outcomes

The most important aspect to consider when analyzing the implementation of interprofessional care, is the effect on patient care. A healthcare team could work together seamlessly; however, if the needs of the patient are not met, the usefulness of this model would be null. In an article from the Indian Journal of Community Medicine, the effects of collaborative care with regards to diabetes management were discussed. The researchers described the integrated efforts of congruent training methods across different professions regarding diabetes. By training all the clinicians with identical educational tools, patient outcomes were greatly improved [4]. Additionally, this seamless approach to long-term medical care allowed for caregivers to communicate easily regarding patient plans, patient compliance and peer-to-peer understanding of patient health status.

Bamne et al. [4] also makes note of the importance of patient empowerment when managing chronic disease. By first priming all a patient’s providers to follow one treatment plan, the patient is made to

feel more informed and less overwhelmed by the healthcare system designed to treat them. This article is flawed in that there were no objective data to measure the efficacy of such a program. To improve this, more studies would need to be done.

Finding subjective information regarding the improved outcomes associated with collaborative care was an easy task. The Interprofessional Practice (IPP) model was analyzed in a study published in the journal entitled *Organizational Structures in Primary Care* [5]. In this study, nine clinical practice sites known to engage in exemplary interprofessional care were visited by a host of observers. These observers were tasked with the job of analyzing the effectiveness of IPP at each site as well as interviewing physicians, physician assistants, nurses, hospital assistants, social workers and many others. The data were then compiled and key themes were identified to explore the underlying framework by which collaborative care truly functions. The results of this study concluded the primary themes discovered included mutual respect and coordination of care [5]. Within these themes, topics such as communication structure, leadership roles, and interprofessional competency were highlighted.

Tubbesing and Chen [5] noted the importance of fostering a culture of communication among various providers. Frequent in-person conversations aided in the understanding of the roles and challenges of each healthcare professional in the team. This culture of communication was enhanced by creating shared interprofessional spaces and all-inclusive provider work areas [5]. The study claims to have observed immense benefits from this open work space design; however, further study of this set-up compared to other physical communication enhancements should be conducted. All clinicians, PAs included, can implement this type of workspace design simply by being continuously active throughout the day. By moving around to many areas of a facility, there is a higher likelihood for interprofessional communication and collaboration.

Tubbesing and Cheng [5] also mention of the importance of leadership roles in a team approach to care. Leadership positions were often provided by the attending physicians at a site. This position, however, depending on the professional structure of the healthcare environment, could very well be adopted by physician assistants. The most valuable contribution of a leader in an interprofessional team is to create a space where everyone feels heard and respected for their contribution to healthcare goals. The article emphasized the importance of recognizing that no one clinician can know it all. From Tubbesing and Cheng's assessments, it can be confirmed that building relationships with experts in different areas is essential to providing comprehensive and high-quality healthcare to patients.

The importance of interprofessional communication in the medical field is a topic deemed so important that the World Health Organization (WHO) proposed a framework for such interaction. In a study conducted by the USC Keck School of Medicine, the attitudes and knowledge among physician assistants regarding IPE were analyzed and summarized [6]. As previously discussed, this type of study generally reports themes as the findings for the research conducted. In this study, the themes discovered were applicability and scope of practice.

The first theme, applicability, outlines the importance of understanding the benefit of the integrated healthcare model [6]. The

primary learning goal is to understand what each healthcare professional contributes to patient care. Understanding these roles, through frequent interaction, allows for a deeper understanding of a collaborative approach to care. The second theme explored by the USC study analyzed, scope of practice and its close relation to applicability. It is important to regularly define the roles of each member in a team-based approach to care, both for efficiency and enhancement of the care provided [6].

The study, while flawed in many details of its design, does project a positive overall theme for the importance of introducing the interprofessional healthcare model early in the careers of clinicians. Sigal-Gidan et al. [6] attempted to quantify the information into charts and graphs; however, this seemed unnecessary for the understanding of the overall results. Essentially, the study discovered notable improvement in attitudes toward collaborative care among students who were exposed to this type of care early in their education [6].

Conclusion

The collaboration of healthcare professionals has been proven to increase positive patient outcomes and improve quality of care. The successful integration of interprofessional practice in both academic and professional settings will undoubtedly take time and effort. The responsibility of leading the medical field toward this approach to care lies in the hands of all clinicians, but especially in those of physician assistants. Perhaps the most versatile and adaptable of all the medical professions, it is the physician assistants who have the knowledge, leadership and social skill to ensure that collaborative medicine becomes commonplace in the patient care experience [6]. By learning to work together, all healthcare providers can contribute toward one ultimate goal, to provide the best patient care available to all patients.

References

1. Hertweck ML, Hawkins SR, Bednarek ML, Goreczny AJ, Schreiber JL, et al. (2012) Attitudes toward interprofessional education: Comparing physician assistant and other health care professions students. *J Physician Assist Educ* 23: 8-15.
2. Shoemaker MJ, Platko CM, Cleghorn SM, Booth A (2014) Virtual patient care: An interprofessional education approach for physician assistant, physical therapy and occupational therapy students. *J Interprof Care* 28: 365-367.
3. Keahey D, Dickinson P, Hills K, Kaprielian V, Lohenry K, et al. (2012) Educating primary care teams for the future: Family medicine and physician assistant professional education. *J Physician Assist Educ* 23: 33-41.
4. Bamne A, Shah D, Palkar S, Uppal S, Majumdar A, et al. (2016) Empowering the community to manage diabetes better: An integrated partnership-based model. *Indian J Community Med* 41: 162-164.
5. Tubbesing G, Chen FM (2015) Insights from exemplar practices on achieving organizational structures in primary care. *J Am Board Fam Med* 28: 190-194.
6. Segal-Gidan F, Walsh A, Lie D, Fung CC, Lohenry K (2014) Knowledge and attitude change in physician assistant students after an interprofessional geriatric care experience: A mixed methods study. *J Physician Assist Edu* 25: 25-30.