Collaboration, Interprofessional: Interdisciplinary Care Teams

What We Know

› Interprofessional collaboration (IPC; also referred to as interdisciplinary collaboration) refers to the coordination of patient care that is provided by a diverse group of healthcare practitioners (i.e., an interdisciplinary care team) working collaboratively to provide timely, safe, high quality, patient-centered care that relies on the unique knowledge and skills of each member of the healthcare team\(^{(2,8,9,11)}\)

• Each member of the interdisciplinary care team shares his or her knowledge and expertise with the group to assist in developing a shared, individualized, coordinated, patient-centered plan of care\(^{(16)}\) and works to effectively put aside individual goals in order to establish a supraordinate goal\(^{(13)}\)

• The interdisciplinary care team can include nurses, physicians, physician assistants, respiratory therapists, physical therapist, pharmacists, dietitians, health educators, social workers, case managers, clergypersons, and clerical staff, among others\(^{(16)}\)

• The Nurse Practitioner (NP) care model focuses on having nurse practitioners play a critical role during IPC by actively monitoring, counseling, and aiding patients following ongoing treatment\(^{(12)}\)
  – NPs are expected to discuss treatment options in depth, educate patients and family members on therapeutic alternative care methods, and organize family and patient meetings with physicians, and not leave these responsibilities solely to administration workers
  – The NP care model has been shown to work especially well in patients with chronic diseases because of its focus on teaching self-care treatment methods. Patients have been observed to be more descriptive of their symptoms
  – Researchers evaluated the impact of the NP care model in 312 patients (20–89 years of age) who were admitted to a hospital because of heart failure. Following implementation, readmission rates were reduced to 4% within 60 days after discharge and 3% within 90 days. In comparison, patients who had undergone the usual care model had a 27% readmission rate for 60-day discharges and 29% for 90-day. The researchers concluded that this care model was effective due to the IPC between not only nurses and physicians, but also between nurses and patients

› IPC requires\(^{(2,8,15)}\)
  • clear role clarification for each member of the interdisciplinary team, including the patient\(^{(3,8)}\)
    – Each member must retain his or her unique identity and role responsibilities
    – Clarifying each member’s clinical role can lead to improved care coordination between practitioners
    – Understanding each member’s responsibilities and level of accountability are equally crucial to understanding each member’s clinical role
    – By equally distributing roles among team members staff retention, job satisfaction, and work morale can significantly improve in an IPC setting
  • accountability for patient care according to his or her level of competence\(^{(8)}\)
    – Each member must uphold the standards of practice for his or her profession
• mutual respect, valuing the role played by each member of the interdisciplinary team
  – Each member must feel valued, trusted, and respected by other team members
• sharing of power
  – Each member must feel empowered and comfortable with collaborative practice
• responsive and responsible communication
• shared vision and goals
• formal quality assessment processes
• team members feeling part of the team

IPC is facilitated by
• interprofessional education, in which persons who represent a variety of healthcare disciplines receive education in an interdisciplinary and collaborative environment, can assist team members to better understand and value the roles played by each team member
  – Interprofessional education should emphasize
    - a sharing of knowledge, skills, attitudes, and values by each of the involved healthcare professions
    - the development of core competencies for each of the involved healthcare professions
    - shared decision making and goal setting
    - a coordinated effort by the healthcare system and the educational system to improve patient-centered care
  – Researchers evaluated the attitudes of medical students following a period of interprofessional education with students of complementary medicine (CM; e.g., homeopathy, acupuncture). The medical students recognized the importance of IPC and agreed that medical training should include education about the roles of CM practitioners. Respect for other practitioners as well as an understanding of their roles is necessary to promote optimal patient outcomes
  – Opportunities for students in the health professions to learn and practice in a setting that provides multidisciplinary care, such as a community-based free health clinic, can enhance student perceptions of and later practice of IPC
• leadership by nursing and other professionals that emphasizes conflict resolution, assertiveness training, role adaptation, and professional identity issues
• support from professional organizations

Barriers to IPC impede optimal patient care outcomes and include
• an organizational structure that supports authoritative decision making
  – The conventional health care model promotes care that is authoritative, autonomous, physician-driven, fragmented, and illness-focused. The collaborative healthcare model, by contrast, promotes care that is patient-centered, coordinated, dependent on healthy communication, and health-focused
• hierarchy, conflict, and blame
• poor communication between team members
  – Training in non-violent communication (NVC; i.e., the use of compassionate and empathetic communication skills) was shown by researchers in one clinical setting with two interdisciplinary healthcare team to promote IPC
    - improving individual competency in providing patient-and family-centered care
    - increasing role clarity
    - promoting shared action planning by the health care team
    - increasing understanding of the mechanisms of empathy
    - fostering collective leadership
• an inability by team members to adapt to the collaborative care model
  – Mobile diabetes education teams—consisting of a nurse and a certified diabetes educator—were developed and sent out to 11 primary care practice sites in Ontario, Canada. They provided patients with self-management assistance, coaching, treatment optimization, and support in navigating the healthcare system. The adjustments that each team member had to make included
    - negotiating the physical space of the primary care center
    - adapting to changes
    - understanding the role and scope of practice of each team member
- developing trust and rapport with other team members
- working together to provide comprehensive care
- learning to communicate effectively face-to-face and remotely
- exchanging specialized knowledge and expertise

• an inability to share power

– Researchers in Canada conducted a predictive, non-experimental study regarding IPC and determined that structural empowerment (i.e., workplace characteristics that promote professional empowerment), authentic leadership (i.e., transparent and ethical leadership that accepts input from followers), and a professional nursing practice environment (i.e., a working environment that is supportive of nursing advancement and improving practice) all enhanced IPC

• misunderstanding of roles and a lack of trust

– Researchers in Canada conducted interviews to determine the differences in the cognitive model of trust between physicians and pharmacists. They concluded that pharmacists base trust in physicians on titles, degrees, status, and authority, whereas physicians base trust in pharmacists on competency and performance. More research is needed to determine how to reconcile these differing cognitive models of trust in order to foster physician-pharmacist collaboration

› IPC is of benefit when providing patient care in a variety of healthcare settings

• IPC when providing care to patients with diabetes mellitus has resulted in better coordination of patient care, improved access to healthcare services, better patient adherence to the individualized plan of care, improved patient outcomes, and higher patient satisfaction

• IPC has become increasingly important in the management of community living older adults with chronic diseases

• Researchers reviewed the impact of IPC on the overall quality of healthcare and found a reduction in both the cost of care and average length of stay for patients; the review assessed literature between the 2000–2015 and positive results from IPC were consistently observed throughout this time period

• Researchers conducted a survey to evaluate 242 practitioners’ thoughts on IPC as a whole and found that 88.8% agreed that IPC greatly improves clinical practice, 84.7% reported it helped solving problems with patient care, 84.3% reported it helped guide crucial clinical decisions, and as many as 83.5% reported IPC helped promote overall accountability. A majority of the participants were registered nurses, however, the survey also included various medical professionals including but not limited to technicians, pharmacists, physical therapists, and dietitians

• Researchers performed a systematic review of 25 years of peer-reviewed literature then developed a ‘gear’ conceptual model for IPC in primary care. The following factors were important processes for collaboration:

– setting team goals or a team vision
– focusing on quality
– processes for group decision making and problem solving
– formal recognition from supervisors
– open communication
– low conflict
– team meetings
– each member feeling part of the team
– support from within the team
– formal information systems
– supportive organizational culture
– flexibility

• Researchers evaluating factors that can enhance or hinder the ability of clinicians to support patients and families when planning end-of-life (EOL) care found that lack of clarity regarding role responsibilities and lack of coordinated care both hindered the provision of appropriate care. They conclude that IPC and teamwork are vital to supporting patients and families in decision making regarding EOL care, and recommend educational initiatives and the development of tools to enhance IPC

What We Can Do

› Learn about interprofessional collaboration in interdisciplinary care teams so you can accurately assess interprofessional collaboration on your unit and in your healthcare facility; share this information with your colleagues
Collaborate with other nurses and healthcare providers representing a variety of professions to plan strategies to increase interprofessional collaboration on your unit and in your healthcare facility.

References


16. Professional communication on interdisciplinary teams and a nurse’s duty. (2012). Texas Board of Nursing Bulletin, 43(3), 5-6. (GI)


