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On Collaboration and Interprofessional Education

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Interprofessional education (IPE), according to experts, occurs when multiple professionals interact to learn from and about each other to nurture collaboration. IPE can do wonders for a professional environment as it not only helps to facilitates effective collaborations, but also helps to: develop respect; realize respective professional duties; manage conflicts; and develop leadership skills and ethical working practices.[1] Years of research has shown that IPE helps to check professional biases, brings about the much needed change in attitudes within healthcare professionals and guides in interdisciplinary integration of expertise.[2] With these notions in mind, there is no doubt on the effectiveness of IPE, and that is why there is so much of stress to develop the practice and training of IPE in order to foster collaborations and patient-centered care.

For North America, the concept of interdisciplinary medical teams and practice can be traced to the World War II era when medical and surgical staff worked together for care of the needy.[3] Although it has been so much time that IPE and practice have been encouraged, there still remains many obstacles in the way. To address these obstacles, there is a continued need to converge together and discuss options and problems so that solutions can be derived. To fulfill this need and to give the different health care professionals an opportunity to sit together, a one-day conference was recently organized on the 15th of October 2008 in Toronto, Canada, by two of the leading Canadian healthcare publications of Rogers Publications Group, the Pharmacy Practice and Medical Post. This 'Tri Professional Conference: Let's Open More Doors' was held in association with the Ontario College of Family Physicians, the Ontario Pharmacists' Association and the Nurse Practitioners' Association of Ontario with an aim to bridge the gaps and foster collaboration among physicians, pharmacists and nurses. The meeting was held at the historic Fairmont Royal York Hotel in Toronto, Canada. There were around 200 participants with 26 speakers on the program.

Importance of Communication Skills in IPE

The meeting was opened by editors of the two publications, Rick Campbell (Medical Post) and Rosalind Stefanac (Pharmacy Post). First talk of the morning was the keynote address by Dr. Robert Buckman of University of Toronto, Toronto, Canada, who spoke about communications skills as one of the secrets for good team building. Robert is a world renowned medical expert in the area of communication skills especially in communication of bad news/truth to patients.[4] He started off by stressing the importance of and acknowledging of emotions.[5] Emotions are a tool to communicate with one's patients and, according to the speaker, physicians should learn to respond to emotions. Physicians, who do not respond to emotions or learn to be empathetic, are branded as cold, indifferent, insensitive, unemotional, non-supportive and not caring by their own patients. Patients are the building blocks of any healthcare team and deserve the same respect as anyone else. It is very important to have a good 'process' of communication between physicians and their patients or colleagues or people around them to get a good 'outcome' at the end. To foster good communication, Robert recommends the CLASS strategy which constitutes Context, Listening skills, Addressing emotions, Strategy and Summary at the end.[6] The context of communication should always be optimized. As for listening skills, Robert focused on: maintaining eye-to-eye contact with the patients at all times and instances; keeping a minimum distance with the patient to give the patient confidence and importance; looking relaxed so that the patient also feels relaxed; maintaining a neutral body posture; not interfering when the patient is talking or talking with someone else when the patient is talking; and sending the image across that what ever the patient said, was heard loud and clear. Stressing further on spotting emotions and addressing them, the speaker proposed the EVE strategy in which a physician first Explores the emotion from the patient, then Validates it and finally shows Empathy in response to that original emotion. Once the emotion has been acknowledged, a physician should come up with a strategy as to what can be offered to the patient and then at the end, summarize the whole process. According to the speaker, only 22% of the physicians act empatheti-

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cally towards their patients which shows that more needs to be done on part of the physicians. He emphasized on imparting communication skills training, especially for trainees, as formal training in this area really shows significant end results.[7]

Practical Interprofessionalism

The keynote address was followed by a panel discussion on collaborative care. The discussion was led by Pharmacist Zubin Austin of University of Toronto and included Dr. Nick Kates of Quality Innovation and Improvement Partnership, Hamilton, Canada; Pharmacist Jeff Nagge of University of Waterloo, Waterloo, Canada; Nurse Practitioner (NP) Teresa Agnew of East End Community Health Centre, Toronto, Canada; and Dr. Wendy Graham of Blue Sky Family Health Team (FHT), North Bay, Canada. The panel discussed the importance of culture in collaboration. This culture is different with all the medical professions like how those respective professionals interact, they dress up, how they think and how they perform in their clinics and practices. They discussed how different these professionals are in even the way that physicians are trained to be more competitive and ambitious while pharmacists are more collegial. Physicians are more pressed for time so that is why they may seem cold and unhelpful at times. There is a dire need for more physicians in Canada and this is the shortage which results in lack of collaborations from the physicians' side as they don't get enough time. Nursing, which has originated from humanitarianism, needs more men as the field is dominated by women. The panel collectively agreed to foster collaborations so that more can be done for the community and for providing healthcare to the needy.[8] There also is a need to incorporate more IPE in the curriculum so that graduates are trained in this area even before they enter the practice.

The next panel discussion was about the working of FHTs. The discussion was chaired by David Murray of the Waterloo Wellington Community Care Access Centre, Waterloo, Canada, and participated by Dr. Renee Arnold of Hawkesbury Family Health Group, Hawkesbury, Canada; Pharmacist Antony Gagnon of Hamilton FHT, Hamilton, Canada; and NP Susan Shea of Brockville FHT, Brockville, Canada. The panel discussed how the concept of FHT was initiated by the Government of Ontario through a grant of $600 million to let the communities solve their own problems. These FHTs are based on collaborative models and built up of interdisciplinary teams with an emphasis on disease management and health promotion of the patients. These FHTs are made up of professionals like physicians, pharmacists, nurses, kinesiologists, mental health workers, dietitians, social workers, managers, administrators and support staff. The advantage of a FHT, according to the panel members, was that all the different professionals can use the facilities interchangeably. The FHT setup gives the medical staff direct access to patient medical records and the chance to interact directly with each other. The panel members gave specific examples of some of the initiatives their respective FHT has taken to make the lives of the people in their community much better.

During lunch, Dr. Joshua Tepper of the Ontario Ministry of Health hand Long-Term Care, Canada, talked about the future of human health resources. He discussed the need for more people in health care in Canada. However, more importantly for the existing system, the needs are for legislation, regulation, wage harmonization and for personnel to come together and work in teams. He stressed the need for interprofessional practices as this has been shown to improve clinical outcomes, mortality, infection rates, improve the use of clinical resources, increase access to health care and decrease tension and stress in healthcare environments. He also touched upon the importance of introducing IPE in the medical curriculum of Universities around Canada.

Collaborations in Clinics

Later in the afternoon, two clinical panel discussions were held, one on respiratory/COPD and the other one on palliative care. They both constituted a physician, a pharmacist and an NP each, who showed how in their case, things have been made much easier and practical due to collaborations between interdisciplinary personnel. The respiratory/COPD session was co-chaired by Dr. Sushmita Pamidi of University of Western Ontario, London, Canada; Pharmacist Charlie Bayliff of London Health Sciences Centre, London, Canada; and NP Elizabeth Hill of Kingston General Hospital, Kingston, Canada. The panel discussed treatment and care in respiratory diseases particularly COPD and how interprofessionalism has: improved the capacity of their facilities; has resulted in more response to patient needs; improved implementation of evidence-based medicine; and how the overall care has become more comprehensive. They also claimed how in a collaborative environment there is frequent feedback between colleagues, frequent discussions among professionals about the patient and how assessment tools and administrative support are shared. They also demonstrated how they all learn from each other more regularly and more extensively. This is all possible because now their goals are common!

The other clinical session on palliative care, which was also the last session of the day, was co-chaired by

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Dr. Pippa Hall of University of Ottawa, Ottawa, Canada; Pharmacist Sally Tierney of Elizabeth Bruyere Hospital, Ottawa, Canada; and NP Pamela West of Rogue Valley Health System, Toronto, Canada. The panel appraised the audience about palliative care and how around 80% of palliative care recipients are cancer patients. These days according to the panel, palliative care is given alongside curative care to cancer patients right from the beginning thus impacting the prognosis of disease. Pippa, in particular, also informed about the different aspects of pain and suffering as physical, emotional, social and spiritual and so the importance of looking at people in their particular context and aiming for a holistic approach of healing. She pointed to a common diagnostic error of how professionals from different areas look at the same thing but do not look at it as the same thing.[9] She also stressed on the importance of the patient being a pivotal member of the health care team who needs to be consented upon. She also showed how working in a collaborative environment decreases the physician working time by half.[10]

Conclusion

The meeting ended on a very positive note after a whole day of collaboration and constructive discussions between representatives from the areas of medicine, pharmacy and nursing. The meeting showed how much important it is to gather these professionals more frequently under one roof so that many of the differences and problems can be sorted out. It also highlighted the willingness of these professionals to work collaboratively and the importance of imparting IPE right from the very beginning of medicine, pharmacy and nursing training rather than keeping it for the end.

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