



Shared Opportunities: Team-Building for the Future

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With the increasing concentration on primary health care delivery come many new challenges to physicians who will be working in health care teams. This is also true for the offices of continuing medical education (CME), whose overall responsibility is to provide learning opportunities to meet the needs of physicians in practice with the ultimate aim of improving the quality of medical care.

Saskatchewan is in a strong position to look at primary health care issues. We have schools of medicine, dentistry, pharmacy, nutrition, physiotherapy, and kinesiology and a relatively small population requiring services. The deans of the health science colleges have formed a series of committees to look into the development of shared educational opportunities (*e.g.*, inter-professional continuing health education). The experience of working together has been very

positive and has given rise to some excellent joint educational opportunities.

Continuing health education has tended to operate in silos which provide support to the many health professions, but have little formal interaction or shared vision. To operate effectively as a health care team, physicians, nurses, physiotherapists, pharmacists, nutritionists, and other health care providers need to understand the contributions each is able to make, and to face the challenges of working together to make use of one another's strengths. Given the difficulty physicians from different specialties experience when working as part of a team, the future looks interesting!

In general, CME has structures in place far in advance of those currently operated by other health professions. Thus, continuing health education partnerships tend to be very unequal, with many health

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professionals feeling they are only involved as an afterthought when CME programs cover areas of common interest.

A very significant shift in emphasis will be needed to adequately meet the needs of primary health care teams:

- Learning opportunities in team-building and in team operation will become part of the wider mandate of CME;
- Development of the concept of continuing health education will require input from all disciplines; and
- Needs assessments must include input from other professions to establish the unperceived needs of physicians in these teams.

In some of the newer disciplines, particularly palliative care, great strides have been made in providing

truly team-based patient care, and in recognizing the need for inter-professional continuing health care.

Several community-based inter-profession continuing education programs exist in Britain and the U.S., often funded in part by philanthropic organizations outside the health care system. In Canada, CME offices and the medical schools in which we are based could and should take advantage of the opportunity presented by the challenge of providing health care to under-served areas by working with other health science colleges.

This can be achieved by taking the initiative to develop effective inter-profession continuing health education as a service to the community, but more importantly, as a service to our physician population who find themselves dealing with a new and often disturbing system of health care delivery. CME

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