Topography of Interprofessional Development

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"I will prescribe a regime for the good of my patients according to my ability and my judgement and never to harm anyone."

So wrote Hippocrates the famous words that were adopted as the doctor's Hippocratic Oath.

Since this statement was written for physicians, much has changed in the medical world and in society. Medicine has shifted from the dogmatic adherence, to a single style of practice, to a relationship-based model where multiple players come together to share a common pathway for the multidimensional problems of a single patient.

It was not long ago that each physician had a separate task to accomplish without dealing with the whole health-care sector. More recently, there has been a surge of interest in the development of interprofessional teams to deliver clinical care to patients. This concept, of course, is not new and has been around for the last four decades, with much controversy.

The interprofessional team model of service-care delivery provides an opportunity to enable success in enhancing collaborative relationships within the communities of practice.

The literature defines interprofessional team as, "A group of diverse clinicians who communicate with each other regularly about the care of a defined group of patients and participate in that care."[1]

As the health-care system revisits this interprofessional team approach, it is thought that information exchange will flow freely among the doctors, nurses, social workers, dietitians and other health-care disciplines and non-health-care staff within the circle of clinical care.

The health-care sector will move towards a transparent model as the provision of clinical care becomes increasingly more accountable. The key elements to succeed in this working model will be integration of the biological and psychosocial aspects of disease management, increased flexibility, enhanced communication, co-operation and empowerment of the different disciplines, including the patient.

This working model will form a framework within which optimum treat-

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ments are provided to promote effective functioning, thereby improving patient care in the true sense of patient centredness.

This model will likely encourage the multiple disciplines to adopt a proactive philosophy versus a reactive philosophy, creating a path for knowledge transfer through recognition of strengths, limitations and opportunities for growth.

This renewal in the delivery of health care will bring with it a need to change culture in the continuing medical education spectrum. Understanding attachment issues between patients, therapists, doctors, group members and other professionals within the context of this team will become pivotal in tailoring educational interventions.

Educational needs will have to be assessed in order to establish clear categories of critical competencies that should be included in the curriculum training programs for these teams and for individuals working in these teams.

The educational continuum will have to be cognizant of barriers and challenges identified in the implementation of effective interprofessional education.

However, the role of collaboration will remain integral to creating a system that is both progressive and respective of the contributions of each member of the team. Interprofessional teamwork itself will serve as a model that demonstrates the principles of building, winning and learning from others.

Some of the articles in this journal capture the essence of this early interprofessional engagement at the Schulich School of Medicine.

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References

1. Grumbach K, Bodenheimer T: Can Health Care Teams Improve Primary Care Practice? JAMA 2004; 291(10):1246-51.

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