

# The future of collaborative care

June 2 2014, by Hannah Jenkins

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The process of diagnosis and treatment can become painfully long for a patient who is passed from GP to hospital specialist to nurse to allied health professional. Miscommunication or even a lack of communication between different areas of expertise often lead to patients being treated symptom-by-symptom by health professionals working in isolation from each other.

This silo-like approach is entrenched in Australian and global health care

models, pushing up the cost of care and frustrating patients hoping for relief and a coordinated response.

Interprofessional education in health (IPE) – where two or more health professions learn from, with and about each other to improve collaboration and patient outcomes – may be the key to addressing workforce shortages, minimising health inequalities and improving the quality of care in Australia. And it is attracting increasing attention from education and professional sectors both nationally and globally.

The concept of IPE has been around for more than half a century but has not been developed and coherently communicated as part of a national agenda.

Researchers at UTS, including Associate Professor Roger Dunston of the Centre for Research in Learning and Change, and Adjunct Professor Jill Thistlethwaite, hope to change this.

"Health care is never delivered individually; it's always a collective endeavour," says Dunston. "Encouraging students to work, understand, communicate and learn with others is as critical as teaching disciplinary skills."

Along with a consortium of nine Australian universities, two government bodies and a non-government organisation, they have created a report on IPE. Funded by the Office of Learning and Teaching, the report brings together research and recommendations on the design, delivery, development and future of IPE in Australia.

Based on more than seven years of research, the report reflects an increasing global focus on IPE, interprofessional learning and interprofessional practice in the health care industry.

Developing a nationally coherent approach to IPE across universities has always proved a challenge to this initiative, according to Dunston and Thistlethwaite, in part because of varying assessment outcomes and accreditation standards in different areas of expertise.

"At the end of a health program or course, there's an individual who receives accreditation," says Thistlethwaite. "While the health care environment relies on the way teams work together, the accreditation bodies are only looking at individuals."

Building on the recommendations of the consortium's report, the Interprofessional Education in Health National Forum held at UTS in May sought to identify the next steps to address the lack of interprofessional cooperation between the different bodies, organisations and institutions in Australia.

The report was officially launched and presented by Commonwealth Chief Nurse and Midwifery Officer Rosemary Bryant to representatives from six government bodies, nine health professions accreditation councils and national boards, nine industry peak bodies, three education providers and 14 universities.

Participants worked in small groups to consider the report's recommendations. The forum concluded with an agreement to draft a letter to national ministers of health and education, seeking their in-principle and practical support for these recommendations.

Moving forward with the development of IPE, Dunston explains the ongoing challenges in encouraging broader cultural change in professional contexts.

"We must ensure students don't lose their capacity to communicate and work in teams once they leave university. How do we generate a desire

to continue learning and working together when professionals have entered a practice that maintains the importance of working within only one area of expertise?"

Thistlethwaite may have the opportunity to answer this. She will travel to the National Center for Interprofessional Practice and Education at the University of Minnesota in August, where she will continue her research for four months under a Fulbright scholarship.

Thistlethwaite says the Americans are looking into IPE as a model that will potentially help to reduce spiralling health care costs. "But it's not just about lowering costs," she says, "it's about providing optimal care.

"With the amount of knowledge out there now, no one person can know everything about a certain condition or have the skills to treat it. We need to educate students to be able to give the type of care necessary in the 21st century with an ageing population. This includes looking at team-based care."

Formal international agreements in IPE research – much like the longstanding Fulbright agreement to foster connections, exchange ideas and address common issues between the USA and Australia – are supported by research and collaboration coming out of the United Kingdom, Canada, New Zealand, Sweden and Japan, among others.

These international research trends and growing interest from policymakers indicate that interdisciplinarity in [health care](#) may soon be achievable on institutional, national and global levels.

For Thistlethwaite and Dunston, the incorporation of IPE into the accreditation standard of all Australian health professions would be an excellent first step.

Provided by University of Technology, Sydney

Citation: The future of collaborative care (2014, June 2) retrieved 24 April 2024 from <https://medicalxpress.com/news/2014-06-future-collaborative.html>

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