Multi-Professional Relationships


Bleakley, A. (2006). A common body of care: The ethics and politics of teamwork in the operating theater are inseparable. *Journal of Medicine and Philosophy, 31*, 305-305-322. Interpersonal communication is a key element to patient safety, knowledge, and skills in the operating theater. As times change from an era of "professionalism" to one of "interprofessionalism", it will be important to consider a virtue ethics framework to inform practice.

Bleakley, A., Boyden, J., Hobbs, A., Walsh, L., & Allard, J. (2006). Improving teamwork climate in operating theatres: The shift from multiprofessionalism to interprofessionalism. *Journal of Interprofessional Care, 20*(5), 461-461-470. This article discusses the importance of changing teamwork climates as a means to establish an interprofessional teamwork culture. This idea is explored through a longitudinal and prospective collaborative inquiry with one half of the cohort of operating theater personnel serving a rural population in 2002. The other half of the cohort was introduced to this inquiry in 2004.

Bokhour, B. (2006). Communication in interdisciplinary team meetings: What are we talking about? *Journal of Interprofessional Care, 20*(4), 349-349-363. This study examines professional communication practices in interdisciplinary team meetings, a common forum for discussing patient care. Two teams at a long-term care facility specializing in patients with Alzheimer's participated in this qualitative, exploratory study. Through detailed discourse analysis of transcripts of the meetings, the authors identified three different communication practices in team meetings: giving report, writing report, and collaborative discussion. Only the latter practice met the goals indicated by the team members to coordinate and make joint decisions about patient care and allowed for team members to collaboratively solve problems.

Brooker, C., & Curran, J. (2006). The national continuous quality improvement tool for mental health education: Result of targeted and supported implementation in england. *Journal of Interprofessional Care, 20*(3), 276-276-289. The national continuous quality assurance tool for mental health education and training has recently been developed. This paper describes the planned implementation of the tool across NHS Workforce Development Confederations (WDCs) in England. Large stakeholder groups in 15 WDCS were convened. The groups rated 29 programmes across a range of provisions including pre-qualifying programmes (social work and mental health nursing), post-qualifying programmes, new graduate mental health worker programmes and programmes run within NHS Trusts. Overall, the results indicate that the majority of rated programmes are relevant to the policy agenda and involve service users in a meaningful way. However, courses are less likely to engage with carers and to assess the impact of the programmes. Key factors are identified that promote the implementation of the new quality assurance tool and key barriers to implementation are also elicited. The paper concludes that the tool can provide a useful framework to assess the quality of a broad range of mental health education, furthermore, that it should be incorporated into existing quality assurance systems.


**OBJECTIVES:** Faculty attitudes are believed to be a barrier to successful implementation of interprofessional education (IPE) initiatives within academic health sciences settings. The purpose of this study was to examine specific attributes of faculty members, which might relate to attitudes towards IPE and interprofessional teamwork. **METHODS:** A survey was distributed to all faculty members in the medicine, nursing, pharmacy and social work programmes at our institution. Respondents were asked to rate their attitudes towards interprofessional health care teams, IPE and interprofessional learning in an academic setting using scales adopted from the peer-reviewed literature. Information on the characteristics of the respondents was also collected, including data on gender, prior experience with IPE, age and years of practice experience. **RESULTS:** A total response rate of 63.0% was achieved. Medicine faculty members reported significantly lower mean scores (P < 0.05) than nursing faculty on attitudes towards IPE, interprofessional teams and interprofessional learning in the academic setting. Female faculty and faculty who reported prior experience in IPE reported significantly higher mean scores (P < 0.05). Neither age, years of practice experience nor experience as a health professional educator appeared to be related to overall attitudinal responses towards IPE or interprofessional teamwork. **CONCLUSIONS:** The findings have implications for both the advancement of IPE within academic institutions and strategies to promote faculty development initiatives. In terms of IPE evaluation, the findings also highlight the importance of measuring baseline attitudinal constructs as part of systematic evaluative activities when introducing new IPE initiatives within academic settings.


This article discusses the importance of interprofessional collaboration as educators, health professionals, and social service providers focus more on health promotion and illness prevention. Key concepts associated with the early stages of collaboration are forming group identity and weathering conflicts associated with task and personnel issues.


The Single Assessment Process (SAP) has been introduced as part of the National Service Framework for Older People and has major implications for health and social care. The aim of this study was to evaluate a pilot introduction of the Single Assessment Process in the South-East of England. Overall the evaluation found three major themes that had an impact on the implementation of the Single Assessment Process, these were: the process of implementing policy and change, the health and social care boundary, and communication and sharing of assessments. Front-line practitioners (street-level bureaucrats) had a major impact on the SAP implementation, particularly through their reluctance to engage with the process, work together and share assessments.


This article reviews instruments used to measure nurse-physician collaboration and compares the strengths and potential opportunities for each instrument.


This article reports on a study examining social barriers to successful interprofessional collaboration. The study investigated the perception of professionals about working with the Sure Start program in Nottinghamshire, UK. Sure Start is a government initiative to take on child poverty and social exclusion by providing extra provisions for families with pre-school children living in geographic areas identified as "deprived". The expectation of the program was to facilitate interprofessional collaboration through a shared agenda.

Using a self-administered extended 29 item version of the Readiness for Interprofessional Learning Scale (RIPLS), this study examined attitudes and readiness for interprofessional education of senior medical and nursing students' from the United Arab Emirates University and Institute of Nursing. The researchers also tested the validity of the RIPLS in this Middle Eastern context. The extended RIPLS was validated for use in an undergraduate Middle Eastern community and thus provides program developers and evaluators with a useful tool to assess medical and nursing students' readiness for interprofessional learning in this context.


This paper addresses the complexity of measuring interprofessional teamwork in the operating theater. It focuses mainly on the design and properties of observational assessment tools. The report and analysis serves to inform the researcher or clinician of the issues to consider when designing or choosing from alternative measures of team performance for training or assessment.


This brief article gives tips for team building which include: clear expectations, context, commitment, competence, charter, control, collaboration, communication, creative innovation, consequences, coordination, and cultural change.


This study compared the scores of empathy among nurse practitioners and physicians within the context of health care. Research has demonstrated that empathy plays a key role in patient outcomes. Results demonstrated that nurse practitioners and pediatricians obtained a significantly higher mean empathy score than hospital-based physicians.


The purpose of this study was to determine the impact of multidisciplinary interventions on hospital admission and mortality in heart failure. The study concluded that multidisciplinary interventions for heart failure reduce both hospital admission and all cause mortality.

Horsburgh, M., Perkins, R., Coyle, B., & Degeling, P. (2006). The professional subcultures of students entering medicine, nursing and pharmacy programmes. *Journal of Interprofessional Care, 20*(4) This study sought to determine the attitudes, beliefs and values towards clinical work organization of students entering undergraduate medicine, nursing and pharmacy programs in order to frame questions for a wider study.


This paper describes a spectrum of practical approaches that can be implemented by teams and organizations, ranging from whole population prevention strategies to the learning that can be gained from avoidable deaths. It explores concrete examples of the ways in which individual patients might be included in a team approach to self protection, and addresses underpinning principles of effective interprofessional working which are needed to make such approaches effective.

Based on a medical sociology approach, this paper analyzes four forces that threaten a well sustained development of research and problem-solving strategic proposals that are to be derived from the intersection of patient safety and interprofessional care. The paper concludes with the proposal of developing theoretically grounded empirical interprofessional research that allows the crucial inclusion of social sciences in the systemic approach.


This review aimed to assess the efficiency of interprofessional education on the pain documentation of professionals and on the pain intensity reported by patients. Two studies demonstrated no significant changes in patient outcomes, while the other revealed significant improvements.


Twelve physicians from two municipalities in Sweden were interviewed. When registered nurses have this skill, the physicians have a "we" feeling towards the nurse. The paper provides insights into the physician-nurse relationship, in the context of residential care in Sweden.


The goal of this study is to assess the effectiveness of education in IPE for clinical faculty who teach and practice in clinical settings. The primary objective is to measure the effectiveness of a Faculty Development Program on Interprofessional Education (FDP-IPE) on the faculty's knowledge, skills, attitudes (KSA) related to teaching IPE for collaborative practice. Our secondary objective is to create interprofessional clinical placement opportunities for medical trainees and other health professional learners at the University of Toronto.


This paper reports the findings from pilot testing a simulated training program in interprofessional student teams. The findings suggest that the students were satisfied with the program, but some of the videos and simulation exercises could be more realistic and more in accordance with each other. Involving students in interprofessional team training seem to be more likely to enhance their learning process.


This article describes a collaboration between pharmacists and nurses to conduct medication risk assessments on patients viewed as potentially "high risk".


This article sought to improve understanding by analyzing the discourse arising from structured preoperative team briefings among surgeons, nurses, and anesthesiologists prior to general surgery procedures. Modeling this pathway is a critical step in promoting change, as it renders visible both the latent dangers present in current team communication systems and the specific ways in which altered communication patterns can impact team awareness and behaviors.

This paper uses force field analysis to make explicit the challenges experienced by two National Health Service (NHS) organizations on the east coast of Scotland during the initiation phase of a multi-professional clinical skills project. An action research methodology is employed to highlight the strategies adopted by the project team. The authors suggest that gaining insight into the cultural, logistical and educational challenges inherent in such initiatives provides valuable data to plan appropriate strategies to aid project success.


Twenty years ago a multidisciplinary diabetes home care service was established at Birmingham Children's Hospital to support children with diabetes mellitus within the home environment. Savings achieved by reductions in expensive hospital bed occupancy have more than offset the costs of maintaining the unit.


The original version of the Readiness for Interprofessional Learning Scale (RIPLS) was published by Parsell and Bligh in 1999. The only aspect of reliability considered by the authors was the internal consistency. A revised version for use with undergraduate students was published in 2005 (McFadyen et al., 2005). This revised version of RIPLS would appear to have good reliability in three of its sub-scales but further research, with larger samples, is required before the fourth sub-scale can be reliably assessed.


This article discusses the role of interprofessional education in preparing all health care professional students for the workforce. Interprofessional education provides appropriate methods for learning interprofessionalism, which will ultimately contribute to overcoming uni-professional exclusivity.


This article describes an initiative to establish interdisciplinary healthcare teams (Family Health Teams) made up of family physicians, nurses, pharmacists, social workers and other healthcare professionals. Due to the diversity of populations across Ontario, each FHT would develop a team of professionals to address health needs of their particular locality. Goals of the FHT include the provision of patient-centred care, improved access to care from a variety of health care professionals, helping patients navigate their way through the health care system, and an increased emphasis on chronic disease management, health promotion, and disease prevention.


Based in the Clinical Skills Centre within the Faculty of Medicine, Dentistry and Nursing the three-hour workshop used a scenario for simulating a chaotic home environment of an older client with multiple health and social problems. A disorderly, dirty simulated home environment is created for students to collaboratively assess the elderly person’s health and social care needs...The hazards are placed as triggers to alert students to potential health and safety concerns when carrying out a client assessment.
Page, S., & Meerabeau, L. (2004). Hierarchies of evidence and hierarchies of education: Reflections on a multiprofessional education initiative. *Learning in Health and Social Care, 3*(3), 118-118-128. This article draws on the the experience of facilitating multi-professional groups undertaking a research appraisal skills program within the National Health Service based 'classroom' settings. The continuing existence of both medical dominance in the health care arena and a belief in a hierarchy of evidence was apparent from the courses. In addition, what might be called a hierarchy of educational backgrounds, presented some complex dynamics within the teaching situation and raised a number of hitherto seemingly un-addressed questions for the group of facilitators.

Pearson, D., & Pandya, H. (2006). Shared learning in primary care: Participants' views of the benefits of this approach. *Journal of Interprofessional Care, 20*(3), 290-290-301. This is a study exploring participants' views regarding a series of shared or interprofessional learning sessions carried out in a primary care setting in Bradford, UK. It was concluded that shared or interprofessional learning in the workplace is valued by clinicians, can help improve understanding of professional roles and also enhance clinical learning.

Phelan, A., Barlow, C., & Oversem, S. (2006). Occasioning learning in the workplace: The case of interprofessional peer collaboration. *Journal of Interprofessional Care, 20*(4), 415-415-424. In this study, we explore the potential of peer collaboration as a means of promoting continuous learning at work. This study suggests that unstructured but focused conversations about daily practice, among close colleagues from other professions, can yield surprising possibilities for learning.

Pollard, K., Miers, M., Gilchrist, M., & Sayers, A. (2006). A comparison of interprofessional perceptions and working relationships among health and social care students: The results of a 3-year intervention. *Health & Social Care in the Community, 14*(6), 541-541-552. Abstract: A longitudinal quantitative study in an English faculty of health and social care explored the effects of a pre-qualifying interprofessional curriculum for students from 10 professional programs. Students on the interprofessional curriculum completed questionnaires containing four attitude scales on entry to the faculty, during their second year and at the end of their final year. These data suggest that experiencing an interprofessional curriculum has an effect on students' attitudes at qualification, particularly with regard to their positive perception of their own professional relationships.

Priest, M. L., & Ginwright, S. S. (2006). Bridge to health care: Alabama's health professionals partnership initiative. *Academic Medicine, 81*(6), 517-517-520. Further growth in minority graduates from UAB health professions schools is highly unlikely unless the resources of several organizations are brought to bear on the flow of students through earlier segments of the academic pipeline. It is equally important to chance the culture such that the faculty, students and administrators recognize that investing their time, effort, and funds in minority students is not only a humanitarian but also an educationally and economically sound investment.

Rodriguez, H. P., Rogers, W., Marshall, R., & Safran, D. G. (2007). Multidisciplinary primary care teams: Effects on the quality of clinician-patient interactions and organizational features of care. *Medical Care, 45*(1), 19-19-27. This study examined the influence of multi-disciplinary teams on patients' assessments of primary care, including access, integration, and clinician-patient interaction quality. The PCP visit discontinuities are associated with more negative care experiences, irrespective of whether discontinuities involve on-or off- team visits, highlights the challenges of incorporating teams into primary care relationships.

Sheehan, D., & Jansen, D. (2006). The development of a national bicultural and interprofessional programme in clinical teaching and supervision in new zealand. *Journal of Interprofessional Care, 20*(6), 591-591-601. This project required close collaboration between two education providers, one a Maori private
education provider and the other a traditional government-funded tertiary institution; and for both organizations to work cooperatively with Maori communities and Maori health providers. This paper describes how this course was designed, how it is delivered within a Maori paradigm, and how the outcomes are achieved. It also describes the cooperation between Maori and Pakeha (white New Zealanders) across health, community and educational organizations that was required to sustain this program over five years and identifies some themes that may be applied in a global context.

Sheehan, D., Robertson, L., & Ormond, T. (2007). Comparison of language used and patterns of communication in interprofessional and multidisciplinary teams. *Journal of Interprofessional Care, 21*(1), 17-17-30. This article explores whether language used differentiates between a multidisciplinary team and an interprofessional team. Interview data was analyzed through a symbolic interactionist perspective. Differences were noted between the two types of teams. The implications of these communication differences were discussed.


Thistlethwaite, J., & Nisbet, G. (2007). Interprofessional education: What's the point and where we're at... *The Clinical Teacher, (4)*, 67-67-72. This article creates a case for the importance of interprofessional education (IPE) and discusses the state of interprofessional education currently. In addition, the article provides models, learning outcomes, examples, evaluation, and barriers to IPE.

Verma, S., Paterson, M., & Medves, J. (2006). Core competencies for health care professionals: What medicine, nursing, occupational therapy, and physiotherapy share. *Journal of Allied Health, 35*, 109-109-115. This paper describes the amalgamation of the core competencies identified for medicine, nursing, physical therapy, and occupational therapy and the harmonization of these competencies into a framework for interprofessional education. In addition, this paper highlights the relevance of cross-disciplinary competency teaching and 360-degree evaluation in teams. It also provides a launch pad for clarifying performance standards and expectations in interdisciplinary learning.

Westberg, S. M., Adams, J., Thiede, K., Stratton, T., & Bumgardner, M. A. (2006). Innovations in teaching: An interprofessional activity using standardized patients. *American Journal of Pharmaceutical Education, 70*(2), 1-1-5. Authors sought to describe the development and implementation of an interprofessional activity using standardized patients. It was found that an interprofessional activity involving multiple health professionals from multiple institutions can be successfully implemented. Pharmacy students indicated that this activity increased their awareness and ability to work as members of the health professional team.

Whitney, J., Vernon, S., Hughes, J., & Kinirons, M. (2006). Introducing exercise classes for older care home residents. *Journal of Interprofessional Care, 20*(3), 317-317-319. This report outlines the approach taken by the SLIPs physiotherapist to introduce an evidence based fall prevention exercise program with selected residential care homes. The article also presents some findings of qualitative evaluation of this work, focusing on implementation of the exercise program and participants’ experiences.

Willumsen, E. (2006). Leadership in interprofessional collaboration- the case of childcare in norway. *Journal of Interprofessional Care, 20*(4), 403-403-413. This study addresses leadership in interprofessional collaboration in childcare services (residential care). The aim was to explore the managers' experiences and present their views on how they exercised leadership in the residential institutions as well as how they organized and facilitated
collaboration with relevant professionals and service users. The main findings were related to the managers’ experiences of linked processes of leadership and collaboration, perceptions of the structures of communication, their responsibility as well as the interaction processes.


In an effort to reduce injuries and prevent deaths from violence, interprofessional domestic violence fatality review teams (DVFRT) have developed across the United States and globally to study factors that contribute to intimate partner injury and deaths. Through interprofessional collective recommendations and cooperative actions, these teams are developing promising practices and systems’ changes that offer better services, learning, and interventions to reduce injury and death from domestic violence.


Interprofessional education (IPE) offers a way for professionals to work together. This study sought to assess the usefulness of IPE interventions compared to education in which the same professions were learning separately from one another.