International Health Trends and Perspectives

The need for clarification of terminology and labels in interprofessional care: A commentary

Non-Research Paper

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ABSTRACT

Background: The current healthcare environment is filled with numerous team caring models, which are often used interchangeably, but ultimately mean different levels of collaboration among HCPs, and between HCPs and patients: multiprofessional collaboration, transprofessional collaboration, and interprofessional patient-centered collaborative (IPCC) care. Furthermore, the labels for these care models are not patient-friendly, portraying that only HCP 'professionals' comprise the team membership. Clarity is required around the terminology and labeling of these caring models to ensure enhanced patient involvement within interprofessional teams. **Discussion**: The definitions of the three team care models are provided with an explanation of how these models of care connect to the 55-year-old patient's case and impact on the relationship between HCPs and patient. **Conclusion**: While IPCC care is considered as the gold standard for the collaboration between a variety of HCP professional groups and the patient, work needs to be done on the label applied to this caring model. Future research should explore, from patients' perspectives, the labels used in IPCC care and propose an alternative title that is more inclusive of patients as team members.

KEYWORDS

Interprofessional care, Patient-Centered Care, Patient Involvement

INTRODUCTION

Over the last two decades, there has been increasing interest in developing collaborative approaches to healthcare delivery, with interprofessional collaboration viewed as essential to providing safe, efficient, and high-quality patient care (Baker et al., 2008). Discourses of interprofessional collaboration recommend a patient-centred approach, with efforts to place patients at the centre of their care team (Fox & Reeves, 2015). Despite this discourse, most interprofessional teams are characterized by a professional-centred approach, rarely calling upon the patient to participate meaningfully in their care (Bilodeau et al., 2015). Patients need to be seen as part of the circle of care, not at the centre of their care team as this can further segregate the patient from collaborative team involvement and decision-making (Metersky et al., 2021). For teams to foster a culture conducive to interprofessional patient-centred collaborative (IPCC) care, there is a need for clear definitions and a shared understanding of the processes that facilitate patient participation (Bilodeau et al., 2015; Metersky et al., 2021).

In this paper, we explore the differences between multiprofessional, transprofessional, and IPCC approaches to care. For each model, we attempt to locate the patient as a valued member of the interprofessional team. We present a case study to illustrate the differences in collaboration with each model of care, and the complexities of enacting collaborative and patient-centered care (PCC) in the context of daily practice. Our aim is to stimulate discussion and challenge current thinking around the terminology used in the field of interprofessional care

delivery. Our hope is to contribute to the creation of a new path moving forward, one in which patients and health care providers work together to establish priorities for care.

BACKGROUND

The World Health Organization (WHO) has reported that one-third of the world's population experience some form of a chronic disease, with 82% of deaths worldwide being attributed to non-communicable chronic diseases such as cancer, cardiovascular disease, chronic respiratory disease, and diabetes (2014), prior to COVID-19. Patients with chronic conditions require the care and expertise of multiple healthcare providers (HCPs). Interprofessional collaboration is viewed as a necessity in delivering safe, efficient, high-quality PCC that is responsive to the unique needs of the individual (Dahlke et al., 2019; Fox & Reeves, 2015). Goals of interprofessional collaboration include improving coordination of care and optimizing outcomes for patients. Studies have supported the value of interprofessional collaboration in achieving these aims (Fox & Reeves, 2015). For example, interprofessional collaboration has been linked to enhanced patient safety and health outcomes (Adams & Feudale, 2018; Dunn, et al., 2018; Martin et al. 2010; McGilton et al., 2018; Szafran et al., 2018; Van Dongen et al., 2017), improved coordination and quality of care (Dahlke et al., 2019; Hepp et al., 2015), a healthier work environment for team members (Fox & Reeves, 2015) and decreased health care spending (Mitchell et al., 2011).

Interprofessional collaboration is viewed as a necessary condition for the delivery of PCC. As noted by Fox and Reeves (2015), while most interprofessional teams characterize their practice as being patient centered, definitions of PCC differ. Core principles include respect, shared decision-making, and participation of patients in their care (Bilodeau et al., 2015; Fox & Reeves, 2015). Patients with chronic diseases are required to manage their own care on a 24 hour 7 days per week basis, while HCPs only interact with these patients at episodic intervals of time. To this end, it is really the patients themselves who are "in charge" of their ongoing care. The expertise patients gain is an important aspect that HCPs need to understand and build onto patients' overall plans of care. Therefore, patients need to become active in their own care and assume the role of being their own "drivers of care" (Orchard, 2015).

Omitting the voices of patients, particularly those with chronic diseases will lead to an increase in healthcare expenditures; and reduced health outcomes (Canadian Patient Safety Institute, 2017). Thus, to make significant changes in how patients become engaged in their care, there needs to be a shift in the labelling of terminology and how it is being used to address care delivery occurring through interprofessional teams. However, the current healthcare environment is characterized by several team caring models. These models are often used interchangeably, however have different levels of collaboration between HCPs and patients and include: multiprofessional collaboration, transprofessional collaboration, and IPCC care. A specific case study will be used to demonstrate the different ways patient participation can be viewed through each of these care models.

CASE PRESENTATION

A 55-year-old male was admitted to the post-surgical unit nine days after a transurethral resection of the prostate due to an increased inability to bear weight on his right leg and extensive discomfort to the right hip joint. The length of time it took for the correct diagnosis to be made from the time of admission was exactly four weeks, five days, and two hours. This is also the amount of time it took for the patient to finally have his voice heard as, from the start of admission, the patient felt silenced and not involved in his care. Members of the patient's interprofessional team often communicated with him through the curtain, at times without an introduction, or raised their voices whenever he tried to voice concerns. The patient was seldom involved in his care delivery, decisions made surrounding his plan of care, or provided with adequate information on the progression of his care and condition. The amount of advocacy the patient's family needed to conduct on behalf of him was overwhelming. It was not until his relative got involved and used their title as a doctorate-prepared nursing professor did the interprofessional care team start taking the patient's and family's concerns seriously.

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DISCUSSION

The above case describes a factual encounter of a patient with the Canadian healthcare system during the fall of 2021. While a PCC approach is frequently cited as an essential element of IPCC care, in practice, patients are rarely called upon to participate meaningfully in their own care (Bilodeau et al., 2015). In part, this disparity is related to a lack of clarity in the literature on how to differentiate IPCC from other closely related concepts with which it is often used interchangeably. HCPs and patients may experience confusion about what level of collaboration is required between these groups within these different models of care (Bilodeau et al., 2015). It is, perhaps, this issue of terminology that Leathard (1994) would refer to as a "terminological quagmire". If this issue is left unaddressed, it undermines the ability of patients and HCPs to move forward in a truly collaborative care partnership.

Multiprofessional Collaboration

The most traditional model, and the one used most often in practice, is the multiprofessional collaboration model. Multiprofessional collaboration implies HCPs from two or more professions working independently on the same patient or towards a common goal (Van Bewer, 2017). The engagement of team members is minimal and may or may not include interactions with patients (Atwal & Caldwell, 2006). To work effectively, HCPs need to have clearly defined roles, without which some professional categories can feel threatened in terms of their "positioning" on the team based on the traditional HCPs' hierarchical structure (Wigert & Wikström, 2014). Due to the power dynamics involved in multiprofessional teamwork, some individual professions can present themselves as superior to others, as medicine has done for over a century. This can exclude patients who are often at the bottom of the hierarchy, if included at all, as part of the multiprofessional team (Kvarnström & Cedersund, 2006).

According to Lloyd et al. (2011), "multi" infers individuals working together in patient care with minimal or no interaction, while "professional" infers individuals working within a distinct group or discipline. Both terms exclude the patient group since patients are often neither trained nor practice in a distinct field that would permit their involvement as part of the care team; patients are not considered "professionals". Patients do have a certain level of expertise comprised of knowledge of self, and the everyday realities of living with their chronic disease, something that HCPs can never gain experience with (Metersky et al., 2021).

Studies have shown that PCC is achievable when professionals collaborate and involve the patient as an active participant in their own health (McTavish & Phillips, 2014). In multiprofessional collaboration however, both collaboration and patient involvement are minimal as professionals work independently or minimally interact with each other, and the patient is not actively engaged as part of the team (Lloyd et al., 2011). To further illustrate the lack of patient inclusion in their own care, Molleman et al. (2008) describe patients as being subjects that are discussed by professionals before HCPs decide on the plan of care. This description of a lack of patient involvement is not uncommon as demonstrated in the case presented earlier, where the patient was excluded in his own care, had care decisions made for him, and felt that his voice was not heard. Although acute care-based teams often label the care models they provide as being interprofessional in nature, they are delivering care under the multiprofessional model (Metersky & Schwind, 2015).

Transprofessional Collaboration

The term transprofessional collaboration is used less commonly in the literature. Central to this concept is the "transcendance of disciplinary boundaries." This denotes that multiple HCPs work jointly with one another across and beyond their professional disciplines sharing knowledge, skills, responsibilities, and decision-making (Van Bewer, 2017; Vyas et al., 2015). Jones et al. (2019) reinforce that within this model of care overlap occurs as profession-specific theories and concepts are drawn together, paving the way for a shared conceptual framework across team members. However, when exploring definitions of transprofessional collaboration, these rarely include the possibility of patients' active involvement within the care team (Morphet et al., 2016; Van Bewer, 2017).

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A distinction of transprofessional collaboration concerns the status of expert that is granted to all members of the transprofessional team (Van Bewer, 2017). As patients are not considered team members in this caring model, the status of expert is not extended to patients. This is concerning, as patients are considered experts of their chronic condition(s) (Metersky et al., 2021). Furthermore, according to Morphet et al. (2016), transprofessional collaboration results in an overlap or blurring of roles, as HCPs develop transprofessional skills and knowledge. To this end, transprofessional collaboration is less hierarchical in nature than multiprofessional collaboration, with power being distributed equally throughout the team so that individuals work collaboratively with one another towards a shared purpose or goal (Morphet et al., 2016; Van Bewer, 2017). This sharing and equal distribution of power is not extended to the patient as the patient is an external member of the team. As well, transprofessional collaboration emphasizes mutual learning, trust, respect, and frequent, effective communication. Input from each member of the team is valued as the team collectively strives to reach a shared understanding that transcends any individual or discipline (Gordon et al., 2014; Van Bewer, 2017; Vyas et al., 2015). While this is ideal, it is not clear in the literature whether this caring model allows for input from the patient and whether this input is valued at the same level as that of HCPs' on the team. According to Gordon et al. (2014), transprofessional collaboration enables HCPs to implement a "unified, holistic, and integrated treatment plan with all members of the team responsible for the same patient-centred goals" (p. 920). What is missing, though, is patient buy-in in relation to the treatment plan without which the success of the plan will be difficult to achieve.

In relation to the case study, it is difficult to know if transprofessional collaboration occurred during the patient's hospitalization experience, as the patient was provided with little opportunity to observe interactions among the team members. The patient only ever interacted with HCPs on an individual basis, equating to minimal exchanges between team members and the patient. If transprofessional collaboration was occurring, it was not enacted in a way that engaged the patient meaningfully in his care. While this is reflective of transprofessional collaboration, as the patient is not included in the definition of this model of care, lack of patient involvement might have highly contributed to the extended hospitalization stay.

Interprofessional patient-centered collaborative Care

The term IPCC care is comprised of two separate, although highly complementary, concepts - interprofessional collaboration and PCC. The definitions of interprofessional collaboration vary and pose further challenges towards clearly distinguishing interprofessional collaboration from the terms discussed above. As an example, one of the most cited definitions of interprofessional collaboration globally, by D'Amour and Oandasan (2005), describes it as caregiving that occurs when two or more different HCP professions come together to combine their expertise for the enhancement of patient health outcomes. Although this definition implies that caregiving occurs around the patient, it does not describe the patient as: participating in the planning, implementing, or evaluating of their own care; involving them as a member of their caregiving team; or sharing their lived experience expertise related to their unique health issues.

PCC has been described in the literature as a paradigm, a philosophy, a model of care, an approach to care, or as a practice-theory (Registered Nurses' Association of Ontario [RNAO], 2015). PCC is frequently cited as the main outcome of IPCC care with patients appearing at the "centre" of care delivery and having distinct roles within their team (Bainbridge et al., 2010; D' Amour et al., 2005). Although there are no broadly accepted definitions of PCC or agreements on its attributes, an integrative review of 178 articles found there was consistency in conceptualization of PCC across health professions (Sidani & Fox, 2014), Three essential elements comprise PCC within the HCP – patient therapeutic relationship: *holistic, responsive, and collaborative care* (Sidani & Fox, 2014). Of specific interest is the collaborative care component of PCC, which is a "process of facilitating patients' engagement in treatment decision-making and in carrying out treatment or self-management recommendations" (Sidani et al., 2015, p.12). The Institute for Patient and Family-Centred Care (2012) and Kitson et al. (2013)

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both found the importance of the collaborative care component in PCC, which requires supporting patient involvement in shared decision-making and empowerment. However, in a descriptive paper by Vanier et al. (2013) a proposal was made to change the label of PCC to partnering in care with patients to better reflect the collaborative care component of the term.

Considering the two concepts that comprise IPCC, commonly cited definition of IPCC describes this caring model as:

*A partnership between a team of health providers and a client where the client retains control over [their] care and is provided access to the knowledge and skills of team members to arrive at a realistic, team-shared plan of care and access to the resources to achieve the plan (Orchard, 2010, p. 24*9).

While this definition has been existed since 2010, patients still are often not considered as members of their interprofessional teams or are involved, to the degree that they prefer or are capable of, in their care. Furthermore, while IPCC care does include the patient as working in partnership with their HCPs, and does contain multiple "I's" in its label, can the patient really see the "I" in this caring model? Or does the patient stop at the suffix "professional" and limit their interaction with other team members? The patient from the case study would have been fully involved in his care if the care provided reflected Orchard's (2010) definition of IPCC care. The patient could have been considered as a valued member of the team, consulted throughout the care giving process, and fully engaged in the decision-making and development of his care plan, leading to enhanced health outcomes and greater care satisfaction (Adams & Feudale, 2018; Sidani et al., 2015; Van Dongen et al., 2017).

In the presented case, collaboration and PCC were listed as core values embedded in the hospital's mission statement. However, the team did not incorporate the elements of PCC that comprise IPCC care. In fact, the team did not fully incorporate or deliver care from an interprofessional collaboration perspective as defined by D'Amour and Oandasan (2005). Breakdowns in communication, valuing of options, and lack of trust and respect were evident. Furthermore, a question remains around whether the patient in the case study would be comfortable being a member of an *interprofessional* PCC team. It could be argued that using the stem '*professional*' projects the impression, both to HCPs and patients, that these teams are only comprised of HCPs coming together to share expertise. Alternatively, it could be argued that patients bring their lived experience into the team, which represents their "professional expertise." Clearly there is no perfect label for IPCC care. For the time being the field uses interprofessional. Perhaps in time the label of this concept will shift to be more inclusive of patients as team members. Alternatively, with time patients will start to see themselves as professionals and be more confident in becoming members of *interprofessional* teams.

CONCLUSION

This paper presented a "food-for-thought" overview of the terms associated with interprofessional care delivery and the levels of interaction and involvement the patient has with HCPs within these models of care: multiprofessional, transprofessional, and IPCC care. While IPCC care is considered as the gold standard for the type of collaboration and care that needs to occur among HCPs and patients, work needs to be done on the label applied to this caring model. While the most cited definition of IPCC care includes and considers the patient as an equal member of the interprofessional team (Orchard, 2010), the label of this caring model does not align well with the definition, especially for patients who prefer to have greater involvement in their care. Future research should further explore opinions about the labels used in IPCC care from the patient's perspective, and propose a new, alternative title that is more inclusive of patients as team members. This is extremely crucial now, with the expansion of life expectancies, aging populations, and the increase in the volume of acute and chronic conditions because of the pandemic. Globally, responsibility of care is shifting on to patients and their families to lessen the impact on healthcare systems and to lower healthcare expenditures (Metersky et al., 2021). Patients need to be included and feel that they are valued members of their interprofessional teams for this to be achieved. Starting with the labels and terminology used in relation to collaborative models of care is an essential first step.

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