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Abstract Title

Exploring the Knowledge, Skills, and Attitudes for Interprofessional Collaboration: Perspectives from Physicians in Team-Based Care Settings

Authors

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Background

Interprofessional collaboration (IPC) is essential in modern healthcare, improving patient outcomes, provider satisfaction, and team performance. Interprofessional education (IPE) can help prepare medical students for collaborative practice; however, gaps remain in the undergraduate medical education (UGME) curriculum at the University of Manitoba in preparing medical students for IPC during clerkship, and beyond.

Objective

This study examines how physicians engaged in team-based care health care settings in Manitoba, specifically 1) What does IPC look like in practice in internal medicine in Manitoba health settings? And 2) How should this inform how we train medical students does it affect how IPE is currently implemented?

Methods

A qualitative and exploratory study was conducted through semi-structured interviews with thirteen attending physicians who practice in Manitoba (n = 13). These physicians specialized in pediatrics, internal medicine, and/or intensive care. These were specialties of interest because of their inherent diversity of clinical team-based environment types. Interviews explored participants' experiences of IPC, including team composition, types of collaboration, methods of communication, and barriers and facilitators to effective teamwork. Interviews were transcribed and analyzed via NVivo software using Braun and Clarke's (2006) six-phase approach to thematic analysis. Analysis was iterative, with emerging patterns and themes reviewed and refined across participants and clinical settings.

Results

The overarching finding of this study is that IPC is highly adaptive and catered to specific patient needs rather than standardized or static. Four themes emerged: 1) healthcare team composition is dynamic, 2) collaboration is fluid and occurs in different ways, 3) there are different communication methods to facilitate collaboration, and 4) there are different conditions that facilitate and hinder collaboration. Despite substantial variation between patients, specialties, and settings, participants consistently described effective and efficient patient-centred care as the underlying goal of IPC. Teams therefore appeared to balance responsiveness to patient needs with efficient use of time and resources. Our findings suggest that IPC is not a fixed process, nor based on a set of learning objectives that are based on scope-based definition of teams. Rather, IPC is an adaptive practice shaped by ongoing changes to patient needs and clinical environments.

Conclusion

Our findings highlight the importance of preparing medical students to adapt a collaborative and team-based mindset rather than relying on a single model or finite definition of teamwork or IPC. IPC education should therefore curriculum focus on teaching students how to build well-functioning teams and effective communication strategies.