Interdisciplinary collaboration and primary health care reform

Statement from the Ontario Chairs of Family Medicine and the Council of Ontario University Programs in Nursing

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Canadian health care is undergoing substantial change and reform. As a result of hospital restructuring, sicker patients are being cared for in the community, and an increasing burden is being placed on caregivers at home and on home care and primary care practitioners.

Fuelled by changing federal and provincial health care budgets, allocation of existing health care resources is being examined in many provinces. Awareness about the importance of primary care in health provision has increased, and demands for reform of primary care have dominated national and provincial health agendas.

Although all agree that primary care reform is needed, Ontario's response has been inadequate, has lacked cohesion, and has seen notable compromise. Unfortunately, Ontario is more similar than different from the other provinces when it comes to actual reforms. This is not because of a lack of calls for primary care reform. Over the past decade, many groups have called for change, eg, the Ontario Chairs of Family Medicine (1994) and the Provincial Coordinating Committee on Community and Academic Health Science Centre Relations (1995). Results to date, however, show little substantive change to the primary health care system and delivery of interdisciplinary services.

In addition, the current way physicians are paid works against collaborative interdisciplinary practice in primary care. Innovative reinvestment of health care dollars could support nurse practitioners, nurses, and other health professionals who previously worked within hospitals to provide enhanced services in a collaborative interdisciplinary primary care setting. These neighbourhood teams, working in a variety of models, could provide ambulatory care, home care, and home hospital and special team care. This remains the challenge.

In recognition of all of these factors, the five university chairs of family medicine in Ontario and the 10 university deans and directors of nursing agreed to identify a vision for collaboration of family physicians, nurses, and nurse practitioners in delivery of primary care and the resulting requirements for the academic sector. Educational reform for future primary care providers is as important as reform of the delivery system, and one cannot happen without the other.

Primary health care

The definition[1] of primary health care from the Canadian Nurses Association was adopted for this project:

> Primary health care is essential care (promotive, preventive, curative, rehabilitative and supportive) that focuses on preventing illness and promoting health. It is both a philosophy of health care and an approach to providing health services. Primary health care has been adopted by the World Health Organization and by Canada as the key to a healthy society. Clients of primary health care can be individuals, families, groups, communities and populations. The principles of primary health care are accessibility, public participation, health promotion, appropriate technology and inter-sectoral cooperation.… Taken together, the conditions of the Canada Health Act and the principles of primary health care serve as a solid framework for health care delivery, and the future development of Canada's health system.

Central to the realization of this view of primary health care is collaborative interdisciplinary teams. A core interdisciplinary team has been defined as a team consisting of a family physician, nurse, and nurse practitioner, with other providers (psychologist, dietitian, consulting pharmacist, and chiropractor or physiotherapist) added according to the needs of the rostered population.[2] We would include social workers in this list. The mix of health care professionals depends on the constitution of the local population and its care requirements.

Collaboration among team members ensures that patients have access to holistic and comprehensive primary care. Teams can make optimal use of their intellectual resources; team coordination and cohesiveness is maximized; specific professions gain their due level of recognition; and individual health care providers fulfil their optimal potential within their respective professions.[3,4] But how do we educate practitioners to collaborate in this way?

Educational issues

The challenge to medicine and nursing in designing collaborative interdisciplinary educational programs is where, when, and what to teach and how to teach it. The current practice context and structure of educational programs are not conducive to implementing collaborative interdisciplinary educational models. Most universities are structured such that the different health sciences disciplines have their own faculties or schools. Each discipline has its own curriculum with its own unique sequencing and timing of content and clinical experiences, and each uses a somewhat different approach to supervising students' clinical experiences.

As well, students themselves bring a variety of knowledge and skills to their clinical studies; appropriate delivery and assessment of interdisciplinary education could be a problem. Similarly, difficulties arise when attempting to identify the stage of education at which integrating students from different programs would be most beneficial. Some programs have tried to bring together students in their first year of professional training, but the difference between student profiles can prevent effective integration. For example, nursing students are predominantly new to the university system whereas medical students have already spent a number of years at university and often hold one or more degrees.

Family physicians are educated in the five Ontario faculties of medicine or health sciences at McMaster University in Hamilton, the University of Ottawa, Queen's University in Kingston, the University of Toronto, and the University of Western Ontario in London. Nursing education programs reside in these five universities as well as in five other universities distributed across the province: Lakehead University in Thunder Bay, Laurentian University in Sudbury, Ryerson Polytechnic University in Toronto, the University of Windsor, and York University in Toronto. Primary care specialists in nursing are primary health care nurse practitioners who are educated at the postbaccalaureate level in the same 10 universities that have nursing programs.

The current practice system fragments the education of health care professionals and does little to engender collaboration when students progress into the working environment. In general, students have never experienced the benefits of collaborative care. The challenge for the future is to reform the educational model in such a way that collaboration in the practice setting and enhanced delivery of primary health care occur naturally.

Education and collaborative practice for the future

We need to focus now on new models of primary care collaborative practice and interdisciplinary education. From the practice perspective, a profound shift in thinking is required: primary care reform and reinvestment in the community should be looked at holistically, including the right type and mix of professionals to work in this sector and the infrastructure to support them. The success of interdisciplinary teams will depend on independent sources of funding, community buildings, and adequate neighbourhood resources.

Interdisciplinary education should be mandatory for all professional education programs before practice. The only way to truly engender integration and interdisciplinary primary care teams is if the educational models for teaching and clinical practice are integrated so that each professional becomes aware of the knowledge, skills, and attributes that colleagues of different disciplines bring with them. This level of awareness ensures that each team member values and respects the work of the others. Education delivered on this basis requires some degree of commonality of curriculum and learning objectives among the programs.

Primary care teaching centres that incorporate collaborative interdisciplinary team practices should be identified in the 10 Ontario communities in which nursing and nurse practitioner education occurs. They should be designated as teaching centres and might require infrastructure support similar to teaching hospitals, ie, teaching space; space for team meetings; offices for a range of health professionals; equipment, eg, computers; and accommodation for students. These centres should provide collaborative interdisciplinary education for family practice residents as a clinical elective and clinical education for nurses

and nurse practitioners. Professional staff (nurses, nurse practitioners, and family physicians) in these centres should hold academic appointments in their respective faculties.

All undergraduate nursing and medical (clerkship) programs should have a primary care elective that includes collaborative interdisciplinary practice objectives and content, and a strong practice component that is delivered through collaborative interdisciplinary faculty and teaching. Students in these electives would learn the fundamentals of collaborative interdisciplinary practice in primary care. Medical students interested in entering residencies in primary care medicine could test their interests in these electives.

The family medicine residency programs and the Ontario nurse practitioner program should be examined for content and practice areas that they have, and should teach, in common. These programs will require some creative curriculum development to provide opportunities for collaborative interdisciplinary learning and practice. Teachers should be drawn from faculties of medicine and nursing to teach both sets of students together and separately, when appropriate.

These initiatives will require administrative support and possibly appointing a Director of Primary Care Education in each participating university. This Director could be drawn from either medicine or nursing (or both) but would need to have the authority to negotiate curriculum changes in both faculties.

At minimum, faculties of health sciences, medicine, and nursing should work to develop a new model that maximizes students' exposure to interdisciplinary collaboration in clinical settings. This model would enable teaching the principles of collaborative interdisciplinary practice to nursing, nurse practitioner, and medical students, and family practice residents. Students in these disciplines would experience the theory and practice of effective collaborative interdisciplinary models in primary care, and this would encourage development of harmonized primary care delivery.

Conclusion

Primary health care reform that emphasizes collaborative interdisciplinary practice must be given priority on the provincial health agenda. Nursing, nurse practitioner, and medical students and family practice residents should be educated about primary care collaborative interdisciplinary practice. In the meantime, the Ontario Chairs of Family Medicine and the Council of Ontario University Programs in Nursing have started to identify academic barriers to interdisciplinary collaboration and to devise approaches for enhancing collaboration and creating an interdisciplinary philosophy at the educational level.

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References

1. Canadian Nurses Association Policy Statement. A framework for health care delivery. Ottawa, Ont: Canadian Nurses Association; 1995.
2. Working Group on Interdisciplinary Primary Care Models of the Advisory Group of Interprofessional Practitioners. *Interdisciplinary primary care models: final report.* Toronto, Ont: Advisory Group of Interprofessional Practitioners; April 30, 1997.
3. Baggs JG, Ryan SA, Phelps CE, Richeson JF, Johnson JE. The association between interdisciplinary collaboration and patient outcomes in a medical intensive care unit. *Heart Lung* 1992;21:18-24.
4. Abbott J, Young A, Haxton R, van Dyke P. Collaborative care: a professional model that influences job satisfaction. *Nurs Econ* 1994;12(3):167-9, 174.

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