

“Towards team care”

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Immediate Past President of the Ceylon College of Physicians Dr Keerthi Gunasekara, Past Presidents, Members of the Board of Trustees, Members of the Council, Fellows and Members of the Ceylon College of Physicians, Dr Palitha Mahipala – the Director General of Health Services, other distinguished officials of the Ministry of Health, presidents of other professional colleges and associations, my dear teachers and distinguished invitees. It is with a sense of humility, coupled with a surging pride, that I stand before you today. I feel greatly honoured and privileged to serve as the 39th President of the Ceylon College of Physicians, which is one of the oldest and most prestigious professional bodies in Sri Lanka being the apex professional organisation for the physicians in general medicine and related specialities in Sri Lanka. It is my intention, during my tenure of office, to maintain the high standard of academic leadership that has been set and followed by our immediate past president. I am well aware of the responsibilities bestowed on me and shall make every effort to discharge them to the best of my ability. Our College serves the entire community of physicians in this country, as the present Council has members from almost all the finer specialities as well as members from the provinces outside Colombo.

The Ceylon College of Physicians was launched on the 25th of July 1967, in the Consultants' Lounge of the NHSL which was then known as the General Hospital Colombo. Today, 47 and a half years later, it can proudly boast of a membership of over 800 physicians scattered throughout this country, and playing a major role in the enhancement of the knowledge of medicine, promoting postgraduate education in medicine and ensuring that the highest quality of medical care is delivered to our patients.

As I ponder on the programme of work I plan for the year and the mission I hope to accomplish with the help of my incredibly dedicated team of members of this noble profession of medicine, I feel extremely enthusiastic and optimistic about the future. I believe that it is our duty to contribute our might totally, bearing

in mind that at the heart of the matter or the epicentre is the patient. This attitude, coupled with a critical view of clinical evidence will then form the rich amalgam of a health service which will be truly of high quality. In this presidential address, I wish to elaborate on the theme I have selected for this year: “Towards Team Care”. I selected this theme in order to highlight the importance and value of having a patient centred team approach to deliver comprehensive and coordinated care for the benefit of the patient. To analyse the theme “Towards Team Care” further, let us try to understand the meaning of the word “team”.

What is a team?

A team comprises of a group of people linked with a common purpose. They have a strong sense of mutual commitment and create a synergy, thereby generating a performance greater than the sum of the performance of its individual members. A team is a concept not only confined to humans. In nature too there are many occasions we see animals grouping together to perform a task more efficiently. In humans we experience the working concept of a team in sports, in administrative set ups, in work places, and in religious and cultural events.

A well-coordinated collaboration across health care professions is a growing need to face health care challenges of the present day.¹ The Canadian Medical Association defines collaborative care as that which “entails physicians and other providers using complementary skills, knowledge and competencies and working together to provide care to a common group of patients based on trust, respect and an understanding of each other's skills and knowledge”.² Developed countries are at present moving into an interdisciplinary team approach. Such a team consists of practitioners from different professions who share a common patient population and common patient care goals and have responsibilities for complementary tasks. The requirements for a team approach should be seen in the light of the impact of an illness. The impact of an illness can affect the human being in different ways. This is described in great detail in the “International classification of functioning, disability and Health” (ICF), which was published by the World Health Organisation in 2001.³ This is a classification of health and health related domains that help us to describe

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changes in body function and structure and what a person with a health condition can do in a standard environment (their level of capacity), as well as what they actually do in their usual environment (their level of performance).

ICF provides a coherent view of different perspectives of health which is biological, individual and social. Accordingly the impact of an illness can disturb the function of a human being at three different levels. Firstly at the organ level where the illness causes certain changes to the structure or functions of the affected organ or organs, which we refer to as the pathology of the illness. This organ damage or the pathology can impact on the person's 2nd level of function, which is the self-care activities. If the organ damage is more intense it can affect the 3rd level of function, which is the patient's ability to function in real life situations such as in social activities.

Let me illustrate this concept with a few examples:

A patient suffering from arthritis – In arthritis the pathology or organ damage is inflammation and damage to the joint. If the pathology is severe in intensity it will make the patient unable to carry out his self-care activities. We have seen plenty of arthritis patients who find it difficult to perform activities such as washing, grooming, dressing, feeding and walking. In certain instances the pathology of arthritis may be so intense that it will even interfere with the patient's ability to get out of the house and engage in social activities. In addition they may even be subjected to behavioural and mental problems such as anxiety and depression.

A person affected with a stroke – Here the organ damage is in the brain causing weakness of one side of the body which in turn will make him/her unable to attend to day-to-day self-care activities. Furthermore patient participation in social functions and integrating with the community will also be hindered. These in turn would affect their mental wellbeing. Patients who come to a physician therefore have a broad range of health problems and needs. Their need is not only to have the organ damage or the disease pathology reversed but also to seek some solace for their difficulties in self-care activities as well as on the limitations of their engagements in social activities. They also need assistance in elevating their depressed mental state.

Furthermore it should be noted that the patient and the family members will be interested to know the details of the illness and any information regarding the continuity of care needed, when the patient is discharged from hospital and returns home. Some

patients are discharged home in a disabled state where they cannot attend to their own self-care activities by themselves. There are others who are sent home on catheters and naso-gastric tubes. In such circumstances, the family must be educated on the proper care of these patients who require special attention. At present such inputs given to the patient needs are grossly inadequate. Therefore, there is a growing need to better address the needs of patients' especially those with chronic disabling illnesses. The physician alone cannot do this. It is for this purpose that a team approach is required.

Disease patterns are changing and we need to adapt to the changing priorities in health care in our country. Sri Lanka is undergoing an epidemiological transition, which has shown an increase of non-communicable diseases such as high blood pressure, diabetes and cardiovascular diseases, leading to several multiple co-morbidities. As we all know there is also a demographic transition taking place in our country with a continuous rise in the aging population. It is estimated that the proportion of elderly people which was about 11.5% in the year 2000 will increase to 20% in the year 2020. This means that in another 5 years time, one in 5 persons in our country will be above the age of 60 years. As people grow older they could face a multitude of health problems of multiple co-morbidities, which need a comprehensive assessment and a well-planned collaborative approach for their care.

At present, there is a wave of dissatisfaction among patients of their health care encounters and a sense of frustration is also experienced by the physicians; stemming from their inability to respond fully to patient needs. This, I believe, could be due to our inability to synchronise the right combination of resources with the needs of the patient. Therefore the time is now ripe for us to ask ourselves whether we as physicians are able to respond to the variability of patient care needs single-handed. With the above changing priorities, can a physician address all these wide ranging problems and needs of the patient and their families? The accepted way to address all these needs of the patient is by getting practitioners from different professions to work as a team in order to deliver a comprehensive patient care approach. It has been very clearly demonstrated, that a well-coordinated collaboration across professions has the potential to allow comprehensive and cost effective patient care. This approach also emphasizes the much needed aspects of health promotion and disease prevention. Examples of successful collaborative practice arrangements have been reported from many other countries in areas of rehabilitative medicine, mental health, palliative care, geriatric care, chronic disease management and community-based primary care.

What type of health care providers can collaborate with the physician to provide better health care?

In order to understand this concept let me tell you a story of Mr. A, a 65 year old, obese diabetic patient who gets admitted to a medical ward with pneumonia. He has in addition painful knees. Ideally our care should be patient centred and if I look from Mr. A's point of view, he has a number of problems that need to be addressed

1. His immediate problem is pneumonia and getting treatment for diabetes and his painful knees.
2. He is taking a number of tablets for his pneumonia, diabetes and knee pain and he has many questions about these tablets.
3. He has a productive cough, which gives him a lot of discomfort.
4. He is obese and all his efforts to lose weight have failed. He needs to get advise on his dietary requirements and restrictions.
5. The patient is also in need of information on the correct exercises he should adopt in order to reduce his weight.
6. His wife and family want to know the details about his illness including prognosis and follow up. They are in an urgent need to talk to someone and receive professional answers.

It is very obvious that the physician and his medical staff in the ward alone cannot sort all of Mr A's problems. The physician's attention in this case will be drawn to patient's presenting condition – pneumonia. In addition his diabetes would be monitored and treated.

This speciality oriented care emphasises the disease-oriented approach. However the health system and the physician, in this instance, have to face lots of other patient care issues such as those listed above that are not well supported by the limitation of care to the straightforward disease approach. It does require a lot of time to analyse all the other problems. In order to address all these, we need a group of health care providers to assist the physician to assess and address those needs according to their skills and knowledge. This is the collaborative team approach we are talking about.

How can the other health care providers of the team deliver the required service to address all the needs of Mr A.?

Each member of a team has a different task to perform. A pharmacist can sort out and explain Mr. A's prescription. The productive cough needs the help of a physiotherapist. The physiotherapist can also provide

him practical information about the type of exercises he needs to do without further aggravating his knee problem. His obesity needs attention and advice from a dietician. The health care giver in the ward who spends most of the time with the patient and is in contact with the family is the staff nurse. Therefore the nurse can perform the task of educating the patient and the family on various aspects of his disease conditions such as diabetes and his other illnesses. She should be a trained nurse to give information also on health promotion and disease prevention related to these conditions.

Therefore in this example, different health care providers consisting of a physician, nurse, physiotherapist, pharmacist and a dietician will form an efficient and productive team that will address the problems and the needs of Mr A.

There are other situations that we physicians face when caring for the sick. In very unfortunate situations when our patients die, do we have an accepted system to break bad news to the family? Have we assigned that task to anyone in the team? What about breaking good news? When our very ill patients who are in the ICU, recover and are out of danger have we thought of a well-established way of conveying the good news to the family members who are very anxiously awaiting the outcome? Therefore when one considers the wide range of situations and illnesses we physicians face, we need a team from diverse specialities, in order to deliver a comprehensive and effective patient care that satisfies the patient and his family.

How does the collaborative health care team perform their tasks?

They assess and treat the patient as a team with discipline and specific goals. Patient progress with each member of the team is communicated through documentation and regular team meetings. The patient is considered an active team member. All the members in the team consistently act in the best interest of the patient.

What are the advantages of a collaborative team care approach?

The benefits or the advantages are for both to the patient as well as to the health care professional.

Advantages for the patients are:

1. Improved care by increasing the coordination of various health care providers
2. Integrated health care for a wide range of problems and needs
3. Empowers patients as active partners in care
4. Uses time more efficiently

How do the health care professionals benefit?

1. Increased professional satisfaction
2. Facilitates the shift in emphasis from acute, episodic care to long term care
3. Enables each health care provider to learn new skills and approaches
4. Encourage innovation.

What is the role of the physician in collaborative team care?

The physician leads the team. The physician, by virtue of training, knowledge, background and patient relationship, is best positioned to assume the role of the clinical leader in collaborative care teams. In order to take the leadership, the physician needs to be aware of the knowledge and skills of each member of the team. The work should be allotted to each staff member depending on their individual experience and abilities. The physician also needs to improve his or her communication skills, acquire leadership qualities and should possess a strong team spirit. A team spirit means, to have the will to work as a team sharing his knowledge and skills with the others while paying due respect and be receptive to the information provided by other team members. I have witnessed myself the enormous benefits the patients have derived from a team approach in my care for patients with arthritis and for persons with physical disabilities. Another remarkable aspect of team care, I have observed, is the enthusiasm and the dedication of the staff towards the patient. I have reaped the benefits of team care. Therefore I would strongly recommend the team care approach to all fields of medicine.

What are the challenges that we are facing while implementing the collaborative team care approach to our patients?

Inadequate human resource, lack of training on "team care" during the training period of almost all the health care professionals and poor skills in coordination and communication among our staff are some of the challenges we face. Other problems I have observed as a hindrance to the implementation of the team care concept is the inadequate training among the allied health staff, and lack of understanding of the roles and responsibilities of other professionals on the care of chronic diseases such as diabetes, strokes, heart disease and asthma. Differences in history and culture, coupled with historical interprofessional and intraprofessional rivalries, could complicate the establishment of effective collaborative care teams. Differences in schedules and professional routines may affect a team's ability to meet and discuss patient care issues in a planned manner.

How can we as physicians promote collaborative team care?

Education in health professions remains largely segregated to the profession. This has resulted in a situation where we physicians are unaware of the knowledge and skills of the other categories of health staff in order to delegate various components of the patient needs. Learning to understand the roles and responsibilities of other professionals is necessary to function effectively as a team. Therefore, inter-professional education, at the undergraduate, post-graduate and continuing education levels, is necessary to facilitate a greater understanding of the potential roles, responsibilities and capabilities of health professions, with the overall goal of building better health care teams founded on mutual respect and trust. Educational opportunities must exist at all levels of training to acquire both clinical knowledge and to acquire skills in team effectiveness, leadership, communication and coordination.

We physicians should get actively involved in the training of other categories of health staff. We should enlighten and update other team members on their role in the management of medical illnesses and how they could contribute as a team member from their profession, to address the patient problems. In developing guidelines and protocols on the management of diseases, wherever applicable, there should be multidisciplinary involvement and consider the specific contribution the other professions can make to manage diseases. I, during my tenure intend to invite all the relevant specialities to conduct multidisciplinary patient based discussions in their deliberations. This will give some insight to coordinate and collaborate in the management of patients with diseases having multiple organ involvement.

Research in the area of multiple health conditions and collaborative team care is surprisingly scarce in comparison with research on specific diseases. More research is needed to review the effectiveness of collaborative care models on health outcomes, patient and provider satisfaction and health care cost effectiveness. The challenges ahead mean we must learn how to do things differently and better in the future, based on mutuality and respect. Together we can make a real difference!

In conclusion, I would now like to move on to the acknowledgements. First and foremost I would like to pay a tribute to my precious beloved parents who gave all their loving care to make me what I am today. I pay a very special tribute to my dearest sister Gita, the person who encouraged me to take up medicine as my future career. She was my role model and she was always there to guide me in the correct path. I am

very sad that my loving parents and my precious sister are no more and not here to grace this occasion. I am also very grateful to all my teachers who gave me a sound education during my school days.

I would also like to show my heartfelt gratitude to all my teachers in the Faculty of Medicine in Colombo and also at the National Hospital who guided me and moulded me to achieve the status of a Medical Consultant. I am so happy to see most of them in the audience this evening. Very special thanks with great respect go to my Guru in Rheumatology Dr Roy Kulathunga. I would also like to thank all the doctors and all categories of health staff I have worked with from my internship days to date, who have contributed in many ways to my career. Last but not least, I wish to extend my warmest thanks to each and every one of you who graced this special

occasion and also to all my friends who worked hard to plan this day. Thank you.

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